

No. C 190167	Due no later than Feb 28, 2013 Annual Report Form	2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTHFORK THERAPEUTIC RIDING, INC. KALLEY BOWEN 2285 W 3000 N REXBURG ID 83440	KALLEY BOWEN 2285 W 3000 N REXBURG ID 83440	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
DIRECTOR	JUSTIN BOWEN	2285 W 3000 N	REXBURG ID USA 83440
DIRECTOR	WYATT KINGHORN	440 N 3600 E	LEWISVILLE ID USA 83431
5. Organized Under the Laws of: ID C 190167	6. Annual Report must be signed.* Signature: Kalley Bowen Date: 01/07/2013 Name (type or print): Kalley Bowen Title: Registered Agent		
Processed 01/07/2013		* Electronically provided signatures are accepted as original signatures.	