

No. **W 11610**

**Due no later than Mar 31, 2001
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

DOCTOR DAVE'S HORSE HAVEN, LLC

354N 300W

BLACKFOOT, ID 83221

DAVID W.J. STANLEY DVM
354N 300W

BLACKFOOT, ID 83221

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

*Sole
owner
manager*

David Stanley

354N 300W

Blackfoot

ID

83221

5. Organized Under the Laws of:

IDAHO
W 11610

6.

Signature

Name (Printed)

David Stanley, DVM

Date

01/12/01

Title:

owner

Issued 01/02/2001

Do Not Tape or Staple