141 4000E	Due no later than January 31, 2004	2. Registered Agent an	
No. W 10885	Annual Report Form	KATHLEEN LOUG	REN
Return to:	1 Mailing Address - Correct in this box of applicable	18281 HARDISON	RD
SECRETARY OF STATE 700 WEST JEFFERSON	POST FALLS EQUESTRIAN CENTER, LLC	POST FALLS, ID 8	3854
PO BOX 83720 BOISE, ID 83720-0080	18281 HARDISON RD	3. New Registered Age	ent Signature
NO FILING FEE IF	POST FALLS, ID 83854		
RECEIVED BY DUE DATE	anies: Enter Names and Addresses of Managers.		
4. Limited Liability Compa	anies. Enter Names and Address -	ity State	Zip
Office held Name	Street or P.O. Address	70	83854
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Managing Parther Kathleen	however Post For	lls TD	83854
Managing Partner Kathlees	Lovaren 18281 Hardison Post Fa	lls ID	83854
Managing Pather Kathlees Business Manager Fred C	Lorgien 18281 Hardison Post Fa	lls ID	83834
Managing Parther (Cathleen Business Manager Fred C	anies: Enter Names and Addresses of Managers.  Street or P.O. Address  Lovgren 18281 Hardism Post Fall  Lovgren 18281 Hardism Post Fall	lls ID	83834
Managing Parther (Cathleen Business Manager Fred C	Lorgren 18281 Hardison Post Fa	lls ID	83834
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Managing Pather Kathlees Business Munager Fred (	Lorgren 18281 Hardison Post Fa	lls II	83834
Managing Pather Kathlees Business Munager Fred C	Lorgren 18281 Hardison Post Fa	lls ID	83834
Managing Pather   Cathley Business Manager Fred C	<i></i>		
5. Organized Under the Laws of	<i></i>		
5. Organized Under the Laws of	<i></i>		
5. Organized Under the Laws of			

2. Registered Agent and Office NO PO BOX