

|  |                |   |          |  |         |             |  |
|--|----------------|---|----------|--|---------|-------------|--|
| No. <b>C 188849</b>  |                | <b>Due no later than Oct 31, 2018</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO HORSE THERAPY, INC.<br>JOHNNY M URRUTIA<br>838 WEST 520 NORTH<br>SHOSHONE ID 83352 |          | JOHNNY URRUTIA<br>838 W 520 N<br>SHOSHONE ID 83352 |         |             |  |
|  |                |   |          | 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 |  |
| PRESIDENT  | MITCH ARKOOSH  | PO BOX 34   | GOODING  | ID   | USA     | 83330       |  |
| DIRECTOR   | JOHNNY URRUTIA | 838 W 520 N   | SHOSHONE | ID   | USA     | 83352       |  |
| TREASURER  | DIANE DAVIS    | PO BOX 563  | SHOSHONE | ID   | USA     | 83352       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 188849</b>  |                | 6. Annual Report must be signed.*<br>Signature: Johnny Urrutia<br>Name (type or print): Johnny Urrutia<br>Date: 08/20/2018<br>Title: Director             |          |  |         |             |  |
| Processed 08/20/2018   |                | * Electronically provided signatures are accepted as original signatures.   |          |  |         |             |  |