

No. C 190187		Due no later than Feb 29, 2016		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. SKY RIDER THERAPEUTIC TRAINING CENTER, INC. CINDY KOFFORD 534 S 1550 W PINGREE ID 83262		CINDY KOFFORD 534 S 1550 W PINGREE ID 83262					
				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			
SECRETARY	KAMI JONES	1427 W HWY 39	PINGREE	ID	USA	83262			
PRESIDENT	TARALEE CARTER	1178 W 100 S	BLACKFOOT	ID	USA	83221			
DIRECTOR	CINDY KOFFORD	534 SOUTH 1550 WEST	PINGREE	ID	USA	83262			
5. Organized Under the Laws of: ID C 190187		6. Annual Report must be signed.* Signature: Cindy Kofford Name (type or print): Cindy Kofford Date: 02/27/2016 Title: Director							
Processed 02/27/2016		* Electronically provided signatures are accepted as original signatures.							