

|                                                                                                                                                        |                   |                                                                                                                                             |          |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 196091</b>                                                                                                                                    |                   | <b>Due no later than Sep 30, 2015</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>HATLEY HORSE COUNCIL, INC.<br>IOLA HATLEY<br>820 E FIRST ST<br>MOSCOW ID 83843 |          | IOLA HATLEY<br>820 E FIRST ST<br>MOSCOW ID 83843   |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                             |          | 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                                                                                                                                               | JOHN CRAIG HATLEY | 5471 HWY 8                                                                                                                                  | DEARY    | ID                                                 | USA     | 83823       |  |
| DIRECTOR                                                                                                                                               | LISA CARTWRIGHT   | 802 DRAPER BROWN RD                                                                                                                         | GARFIELD | WA                                                 | USA     | 99130       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 196091</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Iola Hatley<br>Name (type or print): Iola Hatley<br>Date: 08/11/2015<br>Title: Director     |          |                                                    |         |             |  |
| Processed 08/11/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                   |          |                                                    |         |             |  |