

No. W 24991

Due no later than July 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

EQUESTRIAN CENTER LLC (THE)
4455 SELLE RD
SANDPOINT, ID 83864

SAMANTHA HARVEY
4455 SELLE RD
SANDPOINT, ID 83864

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Samantha Harvey	4455 Selle Rd	Sandpoint	ID	83864
Treas.	Jennifer Harvey	213 Winterberry Way	Sandpoint	ID	83864

5. Organized Under the Laws of:

IDAHO
W 24991

6.

Signature

Date

6/15/08

Name (Typed or Printed)

Jennifer Harvey

Title

Member

Issued 05/02/2008

Do Not Tape or Staple

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