

No. L 4024

DUE NO LATER THAN MAR 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

STEVEN G FAIRBROTHER

~~748 S MAIN~~
300 Sunrise Ranch Rd
BELLEVUE, ID 83313

3. New Registered Agent Signature

Return to:

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

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

WOOD RIVER EQUINE HOSPITAL, LP
STEVEN G FAIRBROTHER

~~748 S MAIN~~
300 Sunrise Ranch Rd
BELLEVUE, ID 83313

4. Limited Partnerships: Enter Names and Addresses of General Partners.

	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Partner		STEVEN G Fairbrother	300 Sunrise Ranch Rd	Bellevue	ID	83313
Partner		Leslie Fairbrother	300 Sunrise Ranch Rd	Bellevue	ID	83313

5. Organized Under the Laws of:

IDAHO
L 4024

6.

Signature

Name

(Typed or
Printed)

Leslie Fairbrother
Date 10 April 08
Title Partner

Do Not Tape or Staple

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