

No. W 126143	Due no later than Jun 30, 2014 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. FREE SPIRIT EQUINE MASSAGE THERAPY, LLC HAYES MANAGEMENT SERVICES 890 OXFORD DR IDAHO FALLS ID 83401		CHRIS HAYES 890 OXFORD DR IDAHO FALLS ID 83401			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KELSIE BAXTER	3140 MIDWAY	AMMON	ID	USA	83406
5. Organized Under the Laws of: ID W 126143		6. Annual Report must be signed.* Signature: Kelsie Baxter Name (type or print): Kelsie Baxter		Date: 06/24/2014 Title: Manager		
Processed 06/24/2014		* Electronically provided signatures are accepted as original signatures.				