

No. W 10885	Due no later than Jan 31, 2001		2. Registered Agent and Office 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	Annual Report Form		KAREN PICHOTIA													
	1. Mailing Address - Correct in this box, if applicable POST FALLS EQUESTRIAN CENTER, LLC 18181 HARDISON RD POST FALLS, ID 83854 ^{OK} 83854 ⁸³⁸⁷⁷		2525 E SELTICE WAY Kathleen LOVGREN POST FALLS, ID 83854 18181 Hardison Rd Post Falls, ID 83877													
4. Limited Liability Companies: Enter Names and Addresses of Managers.																
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Kathleen Lovgren</td> <td>P.O. Box 614</td> <td>Post Falls</td> <td>ID</td> <td>83877</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	manager	Kathleen Lovgren	P.O. Box 614	Post Falls	ID	83877				3. New Registered Agent Signature Kathleen Lovgren
	Office held	Name	Street or P.O. Address	City	State	Zip										
manager	Kathleen Lovgren	P.O. Box 614	Post Falls	ID	83877											
5. Organized Under the Laws of: IDAHO W 10885		6. Signature <u>Kathleen Lovgren</u> Date <u>Dec. 8, 2000</u> Name (Typed or Printed) <u>KATHLEEN LOVGREN</u> Title: <u>Manager LLC</u>														

Issued 11/01/2000

Do Not Tape or Staple

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