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|---|------------------------|--|--|--|-------------|----------------|----------------------|
| No. W 189187 | | Due no later than Sep 30, 2018 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 | | 1. Mailing Address: Correct in this box if needed. INTGRATED HORSE THERAPY, LLC JOHNNY URRUTIA 1096 N EASTLAND DR STE 200 TWIN FALLS ID 83301 | | JOHNNY URRUTIA 838 W 520 N SHOSHONE ID 83352 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name JOHNNY URRUTIA | Street or PO Address 838 W 520 N | | City SHOSHONE | State ID | Country USA | Postal Code 83352 |
| 5. Organized Under the Laws of: ID W 189187 | | 6. Annual Report must be signed.* Signature: Bethany Griggs Name (type or print): Bethany Griggs Date: 08/29/2018 Title: Bookkeeper | | | | | |
| Processed 08/29/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |