

No. W 7218	Due no later than October 31, 2006 Annual Report Form	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	1. Mailing Address - Correct in this box, if applicable PARKWOOD EQUESTRIAN CENTER, L.L.C. SALLY PARKS & TOM WOOD 1800 E 49 S IDAHO FALLS, ID 83404	TOM WOOD 1800 E 49 S IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature																					
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>PRESIDENT (MANAGER)</td> <td>SALLY PARKS</td> <td>1800 E 49th S</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>MANAGER/ MEMBER</td> <td>TOM WOODS</td> <td>1800 E 49th S</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT (MANAGER)	SALLY PARKS	1800 E 49 th S	IDAHO FALLS	ID	83404	MANAGER/ MEMBER	TOM WOODS	1800 E 49 th S	IDAHO FALLS	ID	83404					
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5. Organized Under the Laws of: IDAHO W 7218	6. Signature <u>Sally Parks</u> Date <u>9/21/06</u> Name (Typed or Printed) <u>SALLY PARKS</u> Title <u>PRESIDENT</u>																						

Issued 08/01/2006

Do Not Tape or Staple

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