

No. <b>W 75842</b>		<b>Due no later than Jul 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  EQUINE HOSPITAL AND LAMENESS CENTER, LLC ROBIN L HAYES 7100 N POLLARD LN MERIDIAN ID 83646 USA		DAVID P HAYES 7100 N POLLARD LN MERIDIAN ID 83646			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 ROBIN L HAYES	Street or PO Address 7100 N POLLARD LN		City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of:  <b>ID</b> <b>W 75842</b>		6. Annual Report must be signed.*  Signature: Robin Hayes Name (type or print): Robin Hayes  Date: 05/15/2012 Title: Member					
Processed 05/15/2012      * Electronically provided signatures are accepted as original signatures.							