

No. C 170018		Due no later than Nov 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE-OUSEL THERAPEUTIC RIDING KIM KENT PO BOX 578621 MODESTO CA 95357		KIM KENT 8803 HWY 78 MARSING ID 83639		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	NANCY C LAPIN	4805 GALA AVENUE	CALDWELL	ID	USA	83607
DIRECTOR	BARBARA CLOHERTY	3813 DRAKESHIRE DRIVE	MODESTO	CA	USA	95356
PRESIDENT	RICHARD A CERCLE	5700 CHENAULT DR	MODESTO	CA	USA	95357
SECRETARY	DIANE HOEFlickER	PO BOX 282	STANDARD	CA	USA	95373
5. Organized Under the Laws of: CA C 170018		6. Annual Report must be signed.* Signature: Nancy Lapin Name (type or print): Nancy Lapin Date: 10/15/2015 Title: Board of Directors				
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.				