

No. L 4024

Due no later than March 31, 2009  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WOOD RIVER EQUINE HOSPITAL, LP  
STEVEN G FAIRBROTHER  
~~300 SUNRISE RANCH RD~~  
~~BELLEVUE, ID 83313~~950 Buckhorn Drive  
Hailey, ID 83333STEVEN G FAIRBROTHER  
300 SUNRISE RANCH RD  
~~BELLEVUE, ID 83313~~950 Buckhorn Drive  
Hailey, ID 83333NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

Office held	Name	Street or P.O. Address	City	State	Zip
Partner	Steven G. Fairbrother	950 Buckhorn Drive	Hailey	ID	83333
Partner	Leslie Fairbrother	950 Buckhorn Drive	Hailey	ID	83333

5. Organized Under the Laws of:

IDAHO  
L 4024

6.

Signature

Name (Typed or Printed)

Signature: Leslie Fairbrother Date: 10 March 09  
 Name: Leslie Fairbrother Title: Partner