

No. W 7218	Due no later than Oct 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX TOM WOOD 1800 E 49 S IDAHO FALLS, ID 83402																		
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 83402		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Sally Parks</td> <td>1800 E 49th S</td> <td>Idaho Falls</td> <td>Id</td> <td>83401</td> </tr> <tr> <td></td> <td>Thomas R. Wood</td> <td>1800 E 49th S</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Sally Parks	1800 E 49th S	Idaho Falls	Id	83401		Thomas R. Wood	1800 E 49th S	Idaho Falls	ID	83404
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5. Organized Under the Laws of: IDAHO W 7218		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature <u>Sally Parks</u></td> <td style="width: 50%;">Date <u>8/13/01</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>SALLY PARKS</u></td> <td>Title <u>Manager</u></td> </tr> </table>		Signature <u>Sally Parks</u>	Date <u>8/13/01</u>	Name (Typed or Printed) <u>SALLY PARKS</u>	Title <u>Manager</u>														
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