

FILED EFFECTIVE

No. W 67017	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) PAULA PINTAR 735 Preston Ave. 760 S SCHOOL AVE PO Box 572 KUNA ID 83634 Lewiston, ID 83501	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WIND HORSE STABLES, LLC 760 S SCHOOL AVE P.O. Box 572 KUNA ID 83634 Lewiston, ID 83501		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code member manager Paula Pintar PO Box 572 735 Preston Ave Lewiston ID USA 83501 member James Roberts PO Box 572 735 Preston Ave Lewiston ID USA 83501				
5. Organized Under the Laws of: IDAHO W 67017		6. Signature: <u>Paula Pintar</u> Date: <u>3/02/10</u> Name (type or print): <u>Paula Pintar</u> Title: <u>member manager</u>		
Issued 03/02/2010 by KAH				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Notes:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.