

No. L 4024		Due no later than Mar 31, 2017		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		1. Mailing Address: Correct in this box if needed. WOOD RIVER EQUINE HOSPITAL, LP STEVEN G FAIRBROTHER DVM P.O. BOX 2766 HAILEY ID 83333 USA		STEVEN G FAIRBROTHER 206 EQUUS LOOP BELLEVUE ID 83313			
				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	STEVEN G FAIRBROTHER DVM	206 EQUUS LOOP	BELLEVUE	ID	USA	83313	
5. Organized Under the Laws of: ID L 4024		6. Annual Report must be signed.* Signature: Steve Fairbrother DVM Name (type or print): Steve Fairbrother DVM				Date: 02/15/2017 Title: owner	
Processed 02/15/2017		* Electronically provided signatures are accepted as original signatures.					