No. <b>W 19786</b>		Due no later than Jun 30, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JERRY K GARNER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  EQUINE CARE, LLC  JERRY K GARNER  3435 EAST 200 NORTH  RIGBY ID 83442		413 MAIN ST NEWDALE ID 83436  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	ipanies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JERRY GARNE		NER	PO BOX 293		NEWDALE	ID	USA	83436
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 19786		Signature: Christine Garner			Date: 04/09/2010			
		Name (type or print): Christine Garner			Title: Member			
Processed 04/09/2010 * Electronically provided signatures are accepted as original signatures.								