

|                                                                                                                                                        |                 |                                                                                                                                                                        |       |                                                        |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|
| No. <b>C 170130</b>                                                                                                                                    |                 | Due no later than Nov 30, 2010                                                                                                                                         |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>ALL-STAR MINI & SHETLAND SHOW CLUB, INC.<br>PAM MACFARLANE<br>2416 S BLACK CAT RD<br>KUNA ID 83634<br>USA |       | PAM MACFARLANE<br>2416 S BLACK CAT RD<br>KUNA ID 83634 |         |             |
|                                                                                                                                                        |                 |                                                                                                                                                                        |       | 3. <u>New</u> Registered Agent Signature:*             |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                                                        |       |                                                        |         |             |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                   | City  | State                                                  | Country | Postal Code |
| PRESIDENT                                                                                                                                              | PAM MACFARLANE  | 2416 S. BLACK CAT RD.                                                                                                                                                  | KUNA  | ID                                                     | USA     | 83634       |
| DIRECTOR                                                                                                                                               | BRYCE WARD      | 7305 W. SORENSON DR                                                                                                                                                    | BOISE | ID                                                     | USA     | 83709-1601  |
| DIRECTOR                                                                                                                                               | STORMY WARD     | 7305 W SORENSON DR                                                                                                                                                     | BOISE | ID                                                     | USA     | 83709-1601  |
| DIRECTOR                                                                                                                                               | PETE MACFARLANE | 2416 S BLACK CAT RD                                                                                                                                                    | KUNA  | ID                                                     | USA     | 83634-1601  |
| SECRETARY                                                                                                                                              | KATHY MARTIN    | 4913 W. HILLSIDE AVE.                                                                                                                                                  | BOISE | ID                                                     | USA     | 83703-1601  |
| DIRECTOR                                                                                                                                               | SUSAN MARLER    | 31845 HWY 95                                                                                                                                                           | PARMA | ID                                                     | USA     | 83660       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 170130</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Pam macFarlane<br>Name (type or print): Pam macFarlane                                                                 |       |                                                        |         |             |
|                                                                                                                                                        |                 | Date: 01/05/2011<br>Title: President                                                                                                                                   |       |                                                        |         |             |
| Processed 01/05/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                              |       |                                                        |         |             |