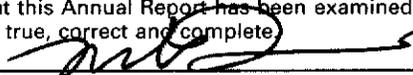


No. <u>C 31723</u>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b> <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>PROFESSIONAL EQUESTRIAN SERV</b> NORM RUDOLPH P.O. BOX <del>245</del> 729  PARMA ID 83660	NORM RUDOLPH 27998 WAMSTAD RD.  PARMA ID 83660  3. Organized Under the Laws of: ID C 81728

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	NORM RUDOLPH	27998 WAMSTAD RD	PARMA	ID	83660

5. NATURE OF BUSINESS  EQUESTRIAN SERVICES	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u></u> Date <u>11-26-96</u> Name <small>(Typed or Printed)</small> <u>NORM RUDOLPH</u> Title <u>PRESIDENT</u>
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ISSUED: 10-05-1996

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