

No. L 4024

Due no later than March 31, 2007
Annual Report Form

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 applicable

WOOD RIVER EQUINE HOSPITAL, LP
STEVEN G FAIRBROTHER
748 S MAIN
BELLEVUE, ID 83313

2. Registered Agent and Office NO PO BOX

STEVEN G FAIRBROTHER
748 S MAIN
BELLEVUE, ID 83313

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-----------------------|-------------------------------|-------------|--------------|------------|
| General Partner | Steven G. Fairbrother | 748 S. Main | Bellevue | ID | 83313 |
| " | Leslie Fairbrother | " | " | " | " |

5. Organized Under the Laws of:

IDAHO
L 4024

6. Signature Leslie Fairbrother Date 3/15/07
Name (Typed or Printed) Leslie Fairbrother Title Gen. Partner