

No. L 4024

**Due no later than March 31, 2007
Annual Report Form**

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

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

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BELLEVUE, ID 83313

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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