No. C 158401	Due r	no later than Jan 31, 2012	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		nnual Report Form	ANDREA JON	ANDREA JONES			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO EQUINE CENTER, INC. ANDREA A. JONES 375 GRANDVIEW DR NORTH TWIN FALLS ID 83301		No. of the last of	375 GRANDVIEW DR NORTH			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ness Addresses of Pre	sident, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR PETE JONES		375 GRANDVIEW DR NORTH	TWIN FALLS	ID	USA	83301	
DIRECTOR KATHY SWAN-STIVERS		391 EDWARDS DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Report		ust be signed.*					
ID	Signature: Andrea Jones			Date: 11/05/2011			
C 158401	Name (type or print): Andrea Jones			Title: President			
Processed 11/05/2011	* Electronically provided signatures are accepted as original signatures.						