| No. W 126524 | Due | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|------------------------|--|--|---------|-------------|--|
| Return to: | Annual Report Form | | to the second of the second of the second of the | TERI L SZOMBATHY 134 HYNDMAN VIEW DR HAILEY ID 83333 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | 1. Mailing Address: Correct in this box if needed. | | | | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | HORSE BODY AND SOUL, LLC TERI LYNN SZOMBATHY PO BOX 2996 KETCHUM ID 83340 | | | | | | |
| | | | 3. New Registe | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER TERI LYNN | SZOMBATHY | 134 HYNDMAN VIEW DRIVE | HAILEY | ID | USA | 83333 | |
| 5. Organized Under the Laws of: | Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Teri Szombathy | | | Date: 05/03/2018 | | | |
| W 126524 | Name (type or print): Teri Szombathy | | | Title: Manager | | | |
| Processed 05/03/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | |