No. <b>W 154557</b>		Due no later than Aug 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SWEET CLOVER SCHOOL, LLC SWEET CLOVER SCHOOL 511 WILLOW STREET HAILEY ID 83333		424 C DT/F	JOAN REYNOLDS 421 S RIVER STREET HAILEY ID 83333  3. New Registered Agent Signature:*			
				HAILEY ID				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Co	mpanies: Enter Na	ames and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	Joan T Re	YNOLDS	421 S RIVER ST	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 154557		Signature: Joan Reynolds			Date: 09/29/2017			
		Name (type o		Title: Member				
Processed 09/29/201	7	* Electronically provided signatures are accepted as original signatures.						