| No. <b>W 154557</b>  |           | 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 |                                       | 2. Registered A          | 2. Registered Agent and Address (NO PO BOX)   |         |             |  |
|--|-----------|--|---------------------------------------|--------------------------|---|---------|-------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |           |  |                                       | 421 S RIVER<br>HAILEY ID | JOAN REYNOLDS 421 S RIVER STREET HAILEY ID 83333  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  |           | USA  |                                       |                          |   |         |             |  |
| 200  |           | mes and Address  | es of at least one Member or Manager. | C:L.                     | Chaha   | Ca      | Deetel Cede |  |
| Office Held  | Name      | ALOL DO  | 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   |           | Signature: Jo  |                                       | Date: 06/20/2016         |   |         |             |  |
| W 154557   |           | Name (type o   |                                       | Title: owner             |   |         |             |  |
| Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures. |           |  |                                       |                          |   |         | _           |  |