

No. W 67970	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012		2. Registered Agent and Office (NOT A P.O. BOX) DAN FISHER 243 N 4TH ST MONTPELIER ID 83254	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CLOVER CREEK HOLDINGS, LLC DAN FISHER 243 N 4TH ST 650 North 8th Street MONTPELIER ID 83254		3. New Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="radio"/> Member <input checked="" type="radio"/> (circle one)	Member Dan Fisher	650 N. 8th St.	Montpelier, ID			83254
	Member Tamara Fisher	650 N. 8th St.	Montpelier, ID			83254

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 67970</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u><i>Dan Fisher</i></u></td> <td style="width: 30%;">Date: <u>3-20-12</u></td> </tr> <tr> <td>Name (type or print): <u>Dan Fisher</u></td> <td>Title: <u>member manager</u></td> </tr> </table>	Signature: <u><i>Dan Fisher</i></u>	Date: <u>3-20-12</u>	Name (type or print): <u>Dan Fisher</u>	Title: <u>member manager</u>
Signature: <u><i>Dan Fisher</i></u>	Date: <u>3-20-12</u>				
Name (type or print): <u>Dan Fisher</u>	Title: <u>member manager</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.