

No. C 186139	Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CLOVERLEAF RESIDENTIAL OWNERS ASSOCIATION, INC. CHAD VAUGHN 5037 W BLOOM ST BOISE ID 83703 USA		CHAD VAUGHN 5037 W BLOOM ST BOISE ID 83703			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	CHRISTY VAUGHN	5037 W BLOOM ST	BOISE	ID	USA	83703
5. Organized Under the Laws of: ID C 186139	6. Annual Report must be signed.* Signature: Christy Vaughn Name (type or print): Christy Vaughn		Date: 03/07/2013 Title: Manager			
Processed 03/07/2013		* Electronically provided signatures are accepted as original signatures.				