

No. <b>W 163548</b>		<b>Due no later than Mar 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CLOVERLEAF THERAPY, L.L.C. 2576 WATERFORD LN IDAHO FALLS ID 83404		HEATHER STEIMLOSK 2576 WATERFORD LN IDAHO FALLS ID 83404			
				3. <u>New</u> Registered Agent Signature:*			
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	HEATHER STEIMLOSK	2576 WATERFORD LN	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: <b>ID</b> <b>W 163548</b>		6. Annual Report must be signed.* Signature: Heather Steimlosk Name (type or print): Heather Steimlosk			Date: 01/31/2018 Title: Owner		
Processed 01/31/2018		* Electronically provided signatures are accepted as original signatures.					