

<b>No. W 173858</b>	<b>Due no later than Nov 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHAD VAUGHN 6126 W STATE ST BOISE ID 83703																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CLOVERFIELD PROPERTY 2, LLC SAMUEL R ROCCI 3021 WARING PL FAIRFIELD CA 94533		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Bessie Rocci</td> <td>3021 WARING PL</td> <td>Fairfield</td> <td>CA</td> <td>USA</td> <td>94533</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bessie Rocci	3021 WARING PL	Fairfield	CA	USA	94533	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 173858</div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature: <u>Samuel R Rocci</u> </td> <td style="width: 40%;">           Date: <u>9-22-2017</u> </td> </tr> <tr> <td>           Name (type or print): <u>SAMUEL Ralph Rocci</u> </td> <td>           Title: _____         </td> </tr> </table>		Signature: <u>Samuel R Rocci</u>	Date: <u>9-22-2017</u>	Name (type or print): <u>SAMUEL Ralph Rocci</u>	Title: _____																															
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Issued 09/19/2017 by SLD <span style="float: right;">107518</span>																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM