

No. W 150397		Due no later than May 31, 2017 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		1. Mailing Address: Correct in this box if needed. CLIFFORD'S MOBILE HOME PARK LLC THOMAS DeHart PO BOX 2396 HAILEY ID 83333		KIRSTEN DEHART 1530 N 2ND AVE HAILEY ID 83333-8333			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	KIRSTEN DEHART	1530 N 2ND AVE	HAILEY	ID	USA	83333	
MEMBER	THOMAS DEHART	1530 N 2ND AVE	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: ID W 150397		6. Annual Report must be signed.* Signature: Tom DeHart Name (type or print): Tom DeHart					
		Date: 03/27/2017 Title: Member					
Processed 03/27/2017 * Electronically provided signatures are accepted as original signatures.							