



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 526517

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/03/2016

Formation Locale: ID

Name and Mailing Address:

CLOVERFIELD PROPERTY 2, LLC

3021 WARING PL

FAIRFIELD, CA 94533

(1) Add or Change Mailing Address:

~~3021 Waring Pl
Fairfield, CA 94533~~

Registered Agent (RA) and Registered Office (RO) Address:

CHAD VAUGHN

6126 W STATE ST

BOISE, ID 83703

(2) Change RA and/or RO Address:

Bill Becker
408 S. Eagle Rd. STE. 103
Eagle, ID. 83616

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Bill Becker

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	SAMUEL R. ROCCI	3021 WARING PL.	Fairfield Ca 94533
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Rebbie Rocci	3021 WARING PL.	Fairfield Ca 94533
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	STEVEN C. ROCCI	3021 WARING PL.	Fairfield Ca 94533
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Samuel R. Rocci

(6) Date:

11-1-2018

(7) Type/Print Name:

SAMUEL Ralph Rocci

(8) Title:

Mgr.

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B00027-3715 11/08/2018 10:32 AM Received by ID Secretary of State Lawrence Denney