

No. W 163548		Due no later than Mar 31, 2017		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 THERAPY, L.L.C. 3000 PANCHERI DR UNIT 3 IDAHO FALLS ID 83402		HEATHER STEIMLOSK 2576 WATERFRONT 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:		6. Annual Report must be signed.*					
ID W 163548		Signature: Heather Steimlosk				Date: 01/24/2017	
		Name (type or print): Heather Steimlosk				Title: Owner	
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.					