

No. <b>W 163548</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  CLOVERLEAF THERAPY, L.L.C. 3000 PANCHERI DR UNIT 3 IDAHO FALLS ID 83402		HEATHER STEIMLOSK 2576 WATERFRONT LN IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name HEATHER STEIMLOSK	Street or PO Address 2576 WATERFORD LN		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of:  <b>ID</b> <b>W 163548</b>		6. Annual Report must be signed.*  Signature: Heather Steimlorsk Name (type or print): Heather Steimlorsk  Date: 01/24/2017 Title: Owner					
Processed 01/24/2017 * Electronically provided signatures are accepted as original signatures.							