No. W 150397		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. CLIFFORD'S MOBILE HOME PARK LLC THOMAS DEHart PO BOX 2396 HAILEY ID 83333		2. Registered A	2. Registered Agent and Address (NO PO BOX) KIRSTEN DEHART 1530 N 2ND AVE HAILEY ID 83333-8333 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1530 N 2ND				
				3. <u>New</u> Registe				
		mes and Address	ses of at least one Member or Manager.					
	ame		Street or PO Address	City	State	Country	Postal Code	
1.1-1.1	KIRSTEN DEHART THOMAS DEHART		1530 N 2ND AVE 1530 N 2ND AVE	HAILEY HAILEY	ID ID	USA USA	83333 83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: T	homas DeHart		Date: 03/29/2016			
W 150397		Name (type	or print): Thomas DeHart		Title: member			
Processed 03/29/2016	ocessed 03/29/2016 * Electronically provided signatures are accepted as original signatures.							