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| No. W 71759 | | Due no later than Feb 29, 2016 | | 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. WOLVERINE RUBBER MULCH LLC WILLIAM W CLAYSON 735 W. 25 S. BLACKFOOT ID 83221 | | WILLIAM CLAYSON 735 W. 25 S. BLACKFOOT ID 83221 | | 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 | WILLIAM CLAYSON | 756 NORTH 600 EAST | FIRTH | ID | | 83236 | |
| MEMBER | JONATHAN CLAYSON | 735 WEST 25 SOUTH | BLACKFOOT | ID | | 83221 | |
| 5. Organized Under the Laws of: ID W 71759 | | 6. Annual Report must be signed.* Signature: Jonathan Clayson Name (type or print): Jonathan Clayson Date: 03/29/2016 Title: Owner | | | | | |
| Processed 03/29/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |