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|--|---------------|--|-----------|---|---------|------------------|--|
| No. C 95772 | | Due no later than Jul 31, 2010 | | 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 | | Annual Report Form | | SHANNON L. WOLF 900W 375S WOLF LANE FAIRFIELD ID 83327 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | WOLF ONE FARMS, INC. MICHELLE L. WOLF P.O. BOX 433 FAIRFIELD ID 83327 | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | MICHELLE WOLF | PO BOX 433 | FAIRFIELD | ID | USA | 83327 | |
| SECRETARY | MICHELLE WOLF | PO BOX 433 | FAIRFIELD | ID | USA | 83327 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 95772 | | Signature: Michelle L. Wolf | | | | Date: 05/27/2010 | |
| | | Name (type or print): Michelle L. Wolf | | | | Title: President | |
| Processed 05/27/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |