| No. W 18730 | | Due no later than Apr 30, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|---|---------------------------------------|------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WOLVERINE FARMS, L.L.C. MARK A MICKELSEN PO BOX 438 RIGBY ID 83442 | | 0000 N DT/FD | MARK A MICKELSEN 9088 N RIVER ROAD | | | |
| | | | | IDAHO FALLS | IDAHO FALLS ID 83402 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER MARK A MICKEL | | CKELSEN | 9088 N RIVER ROAD | IDAHO FALLS | ID | | 83401 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Mark Mickelsen | | Date: 0 | Date: 02/26/2018 | | | |
| W 18730 | | Name (type or print): Mark Mickelsen | | Title: | Title: Managing Member | | | |
| Processed 02/26/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |