

|                                                                                                                                                        |                |                                                                                                                                                                                                |       |                                                    |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|
| No. <b>C 7249</b>                                                                                                                                      |                | <b>Due no later than Dec 31, 2012</b>                                                                                                                                                          |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CLOVER IRRIGATION PUMPING COMPANY<br>DOUGLAS LARSEN<br>1774 E 3600 N<br>BUHL ID 83316<br>USA |       | DOUGLAS LARSEN<br>1774 E 3600 N<br>BUHL ID 83316   |         |             |
|                                                                                                                                                        |                |                                                                                                                                                                                                |       | 3. <u>New</u> Registered Agent Signature:*         |         |             |
| 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 |
| SECRETARY                                                                                                                                              | DOUGLAS LARSEN | 1774 E. 3600 N.                                                                                                                                                                                | BUHL  | ID                                                 | USA     | 83316       |
| PRESIDENT                                                                                                                                              | LARRY MEYER    | 2074 E. 3550 N.                                                                                                                                                                                | FILER | ID                                                 | USA     | 83328       |
| DIRECTOR                                                                                                                                               | TOM GARRISON   | 3361 N. 1500 E.                                                                                                                                                                                | BUHL  | ID                                                 | USA     | 83316       |
| DIRECTOR                                                                                                                                               | RONALD LASSEN  | 1800 E. 3548 N.                                                                                                                                                                                | BUHL  | ID                                                 | USA     | 83316       |
| DIRECTOR                                                                                                                                               | GUY KASTER     | 3530 N. 1500E.                                                                                                                                                                                 | BUHL  | ID                                                 | USA     | 83316       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 7249</b>                                                                                            |                | 6. Annual Report must be signed.*<br><br>Signature: Douglas Larsen<br>Name (type or print): Douglas Larsen<br><br>Date: 01/09/2013<br>Title: Secretary                                         |       |                                                    |         |             |
| Processed 01/09/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |       |                                                    |         |             |