No. W 117080 Return to:		Due no later than Sep 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. WOLVERINE TREE FARM LLC KIM R GETSINGER PO BOX 465 5449 LONGHURST AVE IONA ID 83427 USA		2. Registered Agent and Address (NO PO BOX) KIM R GETSINGER 5449 LONGHURST IONA ID 83427 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compani	ies: Enter Nai	mes and Addresses o	of at least one Member or Manager.	•			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	MBER MARCELLA GETSINGER		PO BOX 465 5449 LONGHURST AVE	IONA	ID	USA	83427
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kim R. Getsinger		Date: 09/16/2013			
W 117080		Name (type or print): Kim R. Getsinger		Title: Owner/Operator			
Processed 09/16/2013 * Electronically provided signatures are accepted as original signatures.							