| No. C 106131 | Reinstatement Annual Report Form | 2 Registered Access 1 22 |
|--|--|--|
| Return to: | L ADMIN DISSOLVED 07/08/2008 (NOT | 2. Registered Agent and Office (NOT A P.O. BOX) |
| SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. CLOVER LEAF FARMS, INC. VOYNE REINKE 1847 E 3550 N /647 E 3500 N BUHL ID 83316 - 63/9 | VOYNE REINKE 1847 E 3550 N BUHL ID 83316 — 6319 |
| REINSTATEMENT FEE DUE: \$30.00 | | 3. New Registered Agent Signature. |
| Sceretary S Director L | Name Street or PO Address City Voyne Reinke, 1647 E 3500 N, E Shellene Perry, 1688 E 3800 N, E ucinda Reinke, 10293 W. Leviet D | Bull, Id., FEUS 83316 14, Base, Id., AH 883714- 955 |
| 5. Organized Under the Laws | of: 6. | |
| IDAHO | Signature: | |
| C 106131 | Name (type or frint): Voyne Rein Ke | Date: 3-19-13 Title: |
| sued 03/15/2013 by SLD | THE THE PARTY | tresident |
| INSTR | UCTIONS FOR THE IDAHO ANNUAL | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM