No. **W 18730**	**Due no later than Apr 30, 2008**	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** **1. Mailing Address: Correct in this box if needed.** WOLVERINE FARMS, L.L.C. PO BOX 438 RIGBY ID 83442	MARK A MICKELSEN 1050 W RIVERVIEW DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MARK A MICKELSEN	9088 N RIVER ROAD	IDAHO FALLS	ID	USA	83402
MANAGER	DALE MICKELSEN	5249 N 5TH W	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 18730**	Signature: Mark Mickelsen	Date: 02/20/2008
	Name (type or print): Mark Mickelsen	Title: Manager

Processed 02/20/2008

* Electronically provided signatures are accepted as original signatures.