

No. C 106131	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) VOYNE REINKE 1647 E 3500 N BUHL ID 83316-6319																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CLOVER LEAF FARMS, INC. VOYNE REINKE 1647 E 3500 N BUHL ID 83316-6319		3. <u>New</u> Registered Agent Signature.																						
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Voyne T. Reinke</td> <td>1647 E 3500N</td> <td>Buhl</td> <td>ID</td> <td>USA</td> <td>83316-6319</td> </tr> <tr> <td>Secretary</td> <td>Lucinda L. Reinke</td> <td>10293 West Boise Lariat Dr.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83714</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Voyne T. Reinke	1647 E 3500N	Buhl	ID	USA	83316-6319	Secretary	Lucinda L. Reinke	10293 West Boise Lariat Dr.	Boise	ID	USA	83714
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5. Organized Under the Laws of: IDAHO C 106131		6. Signature: <u>Voyne T. Reinke</u> Name (type or print): <u>Voyne T. Reinke</u> Date: <u>2/5/16</u> Title: <u>Pres.</u>																							