

|  |                  |   |       |   |         |             |  |
|--|------------------|---|-------|---|---------|-------------|--|
| No. <b>C 106131</b>  |                  | <b>Due no later than Apr 30, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br><br>CLOVER LEAF FARMS, INC.<br>VOYNE REINKE<br>1647 E 3500 N<br>BUHL ID 83316-6319 |       | VOYNE REINKE<br>1647 E 3500 N<br>BUHL ID 83316-6319 |         |             |  |
|  |                  |   |       | 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 |  |
| PRESIDENT  | VOYNE T REINKE   | 1647 E 3500 N   | BUHL  | ID  | USA     | 83316-6319  |  |
| SECRETARY  | LUCINDA L REINKE | 10293 WEST LARIAT DR.   | BOISE | ID  | USA     | 83714-6319  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 106131</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Voyne Reinke<br>Name (type or print): Voyne Reinke<br>Date: 03/22/2018<br>Title: President      |       |   |         |             |  |
| Processed 03/22/2018   |                  | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |  |