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|--|---|--|--|--------------------|--|-----------------------------|
| No. W 79290 | Due no later than Nov 30, 2010 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) CHERYL A WOLFINBARGER 3862 SANDERS RD ST MARIES ID 83861 | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. WOLF MOUNTAIN PLANTS LLC CHERYL A WOLFINBARGER 3862 SANDERS RD ST MARIES ID 83861 | | 3. <u>New</u> Registered Agent Signature. | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. | | | | | | |
| Office Held <i>Manager</i> | Name <i>Cheryl A Wolfinbarger</i> | Street or PO Address <i>3862 Sanders Rd</i> | City <i>St Maries</i> | State <i>ID</i> | Country <i>USA</i> | Postal Code <i>83861</i> |
| 5. Organized Under the Laws of: IDAHO W 79290 | | 6. Signature: <i>Cheryl A Wolfinbarger</i> Name (type or print): <i>Cheryl A Wolfinbarger</i> | | | Date: <i>10-18-10</i> Title: <i>Manager</i> <i>Owner</i> | |
| Issued 10/05/2010 by DK1 | | | | | 106659 | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM