

|                                                                                                                                                        |                |                                                                                                                                                                        |          |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------|---------|------------------|--|
| No. <b>C 97314</b>                                                                                                                                     |                | Due no later than Jan 31, 2017                                                                                                                                         |          | 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>WILFARM INC.<br>DAVID WILKEN<br>32501 LEGACY LN<br>KENDRICK ID 83537 |          | DAVID WILKEN<br>32501 LEGACY LN<br>KENDRICK ID 83537 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                        |          | 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                                                                                                                                              | DAVID M WILKEN | 32501 LEGACY LN                                                                                                                                                        | KENDRICK | ID                                                   | USA     | 83537            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                      |          |                                                      |         |                  |  |
| <b>ID<br/>C 97314</b>                                                                                                                                  |                | Signature: David Wilken                                                                                                                                                |          |                                                      |         | Date: 11/20/2016 |  |
|                                                                                                                                                        |                | Name (type or print): David Wilken                                                                                                                                     |          |                                                      |         | Title: Pres      |  |
| Processed 11/20/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                              |          |                                                      |         |                  |  |