

|                                                                                                                                                        |              |                                                                                                                                                                                 |          |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 78299</b>                                                                                                                                     |              | <b>Due no later than Oct 31, 2009</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CYANERGY LLC<br>MAXINE PRIOR<br>2254 W TRESTLE DR<br>MERIDIAN ID 83646<br>USA |          | MAXINE L PRIOR<br>2254 W TRESTLE DR<br>MERIDIAN ID 83646 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                 |          | 3. <u>New</u> 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                                                                                                                                                | MAXINE PRIOR | 2254 W. TRESTLE DRIVE                                                                                                                                                           | MERIDIAN | ID                                                       | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 78299</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Maxine Prior<br>Name (type or print): Maxine Prior<br>Date: 08/11/2009<br>Title: Manager                                        |          |                                                          |         |             |  |
| Processed 08/11/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                       |          |                                                          |         |             |  |