

No. W 112088		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WINDY BUTTE RECLAMATION FACILITY, LLC BLAIR T SIMMONS 2647 E 14TH N IDAHO FALLS ID 83401 USA		MARLIS KIM HARRIS 3460 OWEN ST AMMON 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	DRU M GUTHRIE	5380 NORTH 55 EAST	IDAHO FALLS	ID	USA	83401	
MEMBER	MARLIS K HARRIS	3460 OWENS STREET	AMMONS	ID	USA	83406	
MEMBER	HAL D SIMMONS	6203 FOUNDERS POINT	IDAHO FALLS	ID	USA	83406	
MEMBER	JEFF AVERY	P.O. BOX 171	POWERS LAKE	ND	USA	58773	
MEMBER	KEVIN AVERY	6950 92ND AVENUE NW	POWER LAKE	ND	USA	58773	
5. Organized Under the Laws of: DE W 112088		6. Annual Report must be signed.* Signature: Blair Simmons Name (type or print): Blair Simmons					
		Date: 01/21/2015 Title: Partner					
Processed 01/21/2015		* Electronically provided signatures are accepted as original signatures.					