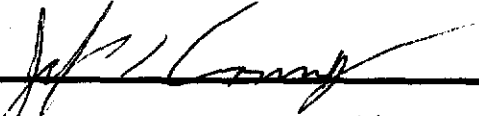
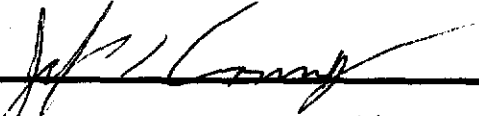
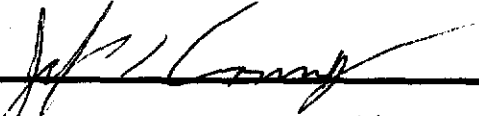


No. W 76750 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009 1. Mailing Address: Correct in this box if needed. EXXONETIX LLC 328 N HWY 75 SHOSHONE ID 83352	2. Registered Agent and Office (NOT A P.O. BOX) JEFF CONNELLY 328 N HWY 75 SHOSHONE ID 83352 3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)</td> <td>Jeff Connelly</td> <td>328 N Hwy 75</td> <td>Shoshone ID</td> <td>Lincoln</td> <td>83352</td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Jeff Connelly	328 N Hwy 75	Shoshone ID	Lincoln	83352	
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 76750 </div>	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>2/27/2012</u></td> </tr> <tr> <td>Name (type or print): <u>Jeff Connelly</u></td> <td>Title: <u>Manager</u></td> </tr> </table>		Signature: 	Date: <u>2/27/2012</u>	Name (type or print): <u>Jeff Connelly</u>	Title: <u>Manager</u>										
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Issued 02/23/2012 by SLD																