

|                                                                                                                                                        |                |                                                                                                                                                   |       |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 92242</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>INTEGRATED ENERGY, LLC.<br>BRENT L. SMITH<br>PO BOX 600<br>RIGBY ID 83442<br>USA |       | BRENT L SMITH<br>4110 EAST 300 NORTH<br>RIGBY 83442 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                   |       | 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                                                                                                                                                | BRENT L. SMITH | P.O. BOX 535                                                                                                                                      | RIGBY | ID                                                  | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 92242</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Brent L. Smith<br>Name (type or print): Brent L. Smith<br>Date: 03/10/2015<br>Title: Manager      |       |                                                     |         |             |  |
| Processed 03/10/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                         |       |                                                     |         |             |  |