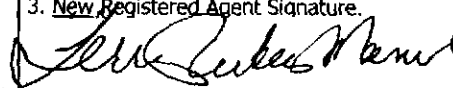
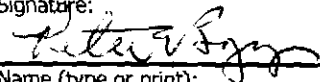


No. W 108055 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015 1. Mailing Address: Correct in this box if needed. EXERGY LAND & CATTLE, LLC JAMES CARKULIS PETER E. BOGY 40 W 14TH STREET 4TH FLOOR HELENA MT 59601	2. Registered Agent and Office (NOT A P.O. BOX) TERRI PICKENS MANUELLER THE SYCAMORE BLDG 398 S. 9TH, STE 240 BOISE, ID 83702 3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>EXERGY DEVELOPMENT GROUP, LLC</td> <td>40 W 14TH STREET, STE 4A</td> <td>HELENA</td> <td>MT</td> <td>LEWIS & CLARK</td> <td>59601</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	EXERGY DEVELOPMENT GROUP, LLC	40 W 14TH STREET, STE 4A	HELENA	MT	LEWIS & CLARK	59601	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 108055 </div>	6. Signature:  Name (type or print): PETER E. BOGY Date: 3/25/15 Title: Manager																																				

Issued 03/24/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the