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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|---------|
| No. <b>W 84101</b>                                                                                                                                     |               | <b>Due no later than May 31, 2014</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>VNX POLY LLC<br>STEVE GEISLER<br>2211 N HOLMES<br>IDAHO FALLS ID 83401 |             | STEVE GEISLER<br>2211 N HOLMES<br>IDAHO FALLS ID 83401 |         |
|                                                                                                                                                        |               |                                                                                                                                                                          |             | 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 |
| MEMBER                                                                                                                                                 | STEVE GEISLER | 2211 N HOLMES                                                                                                                                                            | IDAHO FALLS | ID                                                     | USA     |
| Postal Code<br>83401                                                                                                                                   |               |                                                                                                                                                                          |             |                                                        |         |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84101</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Steve Geisler<br>Name (type or print): Steve Geisler<br>Date: 03/27/2014<br>Title: President                             |             |                                                        |         |
| Processed 03/27/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                |             |                                                        |         |