| No. <b>W 121285</b>   | Due no                      | Due no later than Jan 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CNE GAS HOLDINGS, LLC 9960 CORPORATE CAMPUS DR STE 2000 |            | 2. Registered Agent and Address (NO PO BOX)  CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100  BOISE 83702 |       |         |             |
|---|-----------------------------|--|------------|---|-------|---------|-------------|
| Return to:  | An                          |  |            |   |       |         |             |
| SECRETARY OF STATE  | 1. Mailing Addre            |  |            |   |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                    | 9960 CORPORATE              |  |            |   |       |         |             |
|   | LOUISVILLE KY 4             | LOUISVILLE KY 40223  |            | 3. <u>New</u> Registered Agent Signature:*  |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                             |  |            |   |       |         |             |
| 4. Limited Liability Companies: E   | nter Names and Addresses of | at least one Member or Mana  | ger.       |   |       |         |             |
| Office Held Name  | e                           | Street or PO Address   |            | City  | State | Country | Postal Code |
| MEMBER SCOT   | IT N PETERS                 | 10 S DEARBORN STREET   | 49TH FLOOR | CHICAGO   | IL    | USA     | 60603       |
| MEMBER BRUC   | CE G WILSON                 | 10 S DEARBORN STREET   | 49TH FLOOR | CHICAGO   | IL    | USA     | 60603       |
|   |                             |  |            |   |       |         |             |
| 5. Organized Under the Laws of  | : 6. Annual Report mu       | 6. Annual Report must be signed.*  |            |   |       |         |             |
| ку  | Signature: Scott N          | Signature: Scott N Peters  |            | Date: 12/19/2014  |       |         |             |
| W 121285  | Name (type or prir          | Name (type or print): Scott N Peters   |            | Title: Assistant Secretary  |       |         |             |
| rocessed 12/19/2014 * Electronically provided signatures are accepted as original signatures. |                             |  |            |   |       |         |             |