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SECRETARY OF STATE



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Barnard Pipeline, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Keely K. Ryles
(Name of Person)
Barnard Pipeline, Inc.
(Firm/Company)
P.O. Box 362
(Address)
Bozeman, MT 59771
(City/State and Zip code)
For further information concerning this matter, please call:
Keely K. Ryles at (406) 586-2969
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
inclosed is a check for the following amount:
\$70.00 Filing Fee ρ \$78.75 Filing Fee & ρ \$78.75 Filing Fee & ρ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Barnard	Pipeline, Inc.				
	ne of corporation; must include "INCORPORAT o.," "Corp," "Inc," "Co," or "Corp.")	ΈD	" "COMPANY," "CORPORATION,"		
Not Appli					
(If name ui	navailable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Fl	orida)	
2. Montana		_ 3.	81-0478117		
(State or co	untry under the law of which it is incorporated)		(FEI number, if applicable)		
4. June 10,	1992	5.	Perpetual		
	(Date of incorporation)		(Duration: Year corp. will cease to exist or perper	นลไ")	
6. Not Appli	cable		CRE) 130	· · · · · · · · · · · · · · · · · · ·
	(Date first transacted busine		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	+	F
7 701 Gold A	Avenue, Bozeman, MT 59715		EG	PH	
7. 701 Gold 7	(Principal office	add	ress)	Ţ.	E
B O B			ORID	ယ	
P.O. Box 3	362, Bozeman, MT 59771 (Current mailing	٥,44			
	(Current maining	auu	1038)		
General 0	Contractor - Oil & Gas Pipelines				
	pose(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)		
O. Mana and	stant address of Florida assistant december (n (N Don MOT4-11-1		
9. Name and	street address of Florida registered agent: (P.C	i. Box <u>NOT</u> acceptable)		
Nam	e: Corporation Service Company				
Office Addre	ss: 1201 Hays Street				
	Tallahassee		, Florida 32301		
	(City)		(Zip code)		
10 D					

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ausse Ciclion, Osst. Sic.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	and to the speed year		
A. DIRECTORS	FILED		
Chairman: Marty L. Jorgensen	07 DEC -4 PM 4: 36		
Address: P.O. Box 362, Bozeman, MT 59771	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Vice Chairman: Not Applicable			
Address:			
Director: Greg Schleining			
P.O. Roy 262 Pozoman MT 50771			
Director: Not Applicable			
Address:			
B. OFFICERS			
President: Marty L. Jorgensen			
Address: P.O. Box 362, Bozeman, MT 59771			
Vice President: Not Applicable			
Address:			
Secretary: Colleen E. Koski			
Address: P.O. Box 362, Bozeman, MT 59771			
reasurer: Colleen E. Koski			
Address: P.O. Box 362, Bozeman, MT 59771			
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.		
3. Marty L. Jongenser (Signature of Director or Officer listed in number 12	-0.1		
	of the application)		
Marty L. Jorgensen, President (Typed or printed name and capacity of person sign	ing application)		

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SECRETARY OF STATE

STATE OF MONTANA

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CERTIFICATE OF EXISTENCE

I, Brad Johnson, Secretary of State of the State of Montana, do hereby certify that

BARNARD PIPELINE, INC.

duly filed its Articles of Incorporation in this office on 10 June 1992, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 16 November 2007.

BRAD JOHNSON Secretary of State

Bred Johnson

Certified File Number: D073833