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JUN 29 2023

COGCC

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that,  
according to the records of this office,

Prairie Operating Co., LLC

is an entity formed or registered under the law of Delaware, has complied with all  
applicable requirements of this office, and is in good standing with this office. This entity has  
been assigned entity identification number 20231520320.

This certificate reflects facts established or disclosed by documents delivered to this office on  
paper through 05/11/2023 that have been posted, and by documents delivered to this office  
electronically through 05/15/2023 @ 08:40:56.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this  
official certificate at Denver, Colorado on 05/15/2023 @ 08:40:56 in accordance with applicable law.  
This certificate is assigned Confirmation Number 14963640.



Jena Griswold

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*



Colorado Secretary of State  
 Date and Time: 05/15/2023 08:37 AM  
 ID Number: 20231520320  
 Document number: 20231520320  
 Amount Paid: \$100.00

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**Statement of Foreign Entity Authority**  
 filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20231520320  
*(Colorado Secretary of State ID number)*

Entity name Prairie Operating Co., LLC

True name \_\_\_\_\_  
*(if different from the entity name)*

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity Foreign Limited Liability Company

Jurisdiction Delaware

3. The principal office address of the entity's principal office is

Street address 8636 N. Classen Blvd.  
*(Street number and name)*

Oklahoma City OK 73114  
*(City) (State) (ZIP/Postal Code)*

United States  
*(Province - if applicable) (Country)*

Mailing address  
*(leave blank if same as street address)* (Street number and name or Post Office Box information)

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country)*

4. The registered agent name and registered agent address of the entity's registered agent are

Name  
 (if an individual) \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

or

(if an entity) Registered Agents Inc.

*(Caution: Do not provide both an individual and an entity name.)*

Street address

1942 Broadway Street

(Street number and name)

STE 314C

Boulder

(City)

CO

(State)

80302

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

CO

(State)

(ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent above has consented to being so appointed.

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 05/15/2023

(mm/dd/yyyy)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Owen

(Last)

Craig

(First)

(Middle)

(Suffix)

16503 Saddle Ridge Pass

(Street number and name or Post Office Box information)

Cypress

(City)

TX

(State)

77433

(ZIP/Postal Code)

United States

(Province - if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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