

**CERTIFICATE OF REVIVAL
(WICHITA AND AFFILIATED TRIBES LLC)**

TO: Wichita Tax Commission
P.O. Box 547
Anadarko, OK 73005

1. Name of the Limited Liability Company:

2. Date of the original filing with the Wichita Tax Commission:

3. The name and address of the Registered Agent is:

4. (Insert any other matters the members determine to include herein):

5. This Certificate of Revival is being filed by one or more persons authorized to Execute
And file the Certificate of Revival.

In witness whereof, the above name Limited Liability Company does hereby certify that the
Limited Liability Company is paying all annual Taxes, penalties and interest due to the Wichita
and Affiliated Tribes.

By: _____
Authorized Person

Name: _____
Print or Type