

TORTOISE ENERGY INDEPENDENCE FUND, INC.  
 Form 3  
 March 04, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â GREAT PLAINS SANTA RITA, LLC		(Month/Day/Year)	TORTOISE ENERGY INDEPENDENCE FUND, INC. [NDP]	
(Last)	(First)	07/31/2012		
4200 W. 115TH STREET, SUITE 100			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
LEAWOOD,Â KSÂ 66211			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below)	<input type="checkbox"/> Form filed by One Reporting Person
			Affiliate	<input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	0	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	---	---	---

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
---------------------	--------------------	-------	----------------------------------	----------	--

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GREAT PLAINS SANTA RITA, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
RANCHO SIENNA KC, LP 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
SANTA RITA KC, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
BAW INVESTMENTS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
BF 161 ELECTRIC, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
BF WYANDOTTE DEVELOPMENT, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
Bicknell Family Finance Co 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
Bicknell Family Holding Co LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
Bicknell Family Management CO Trust 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate
Bicknell Family Management Company, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate

## Signatures

/s/ Martin Bicknell, on behalf of all other  
persons

03/04/2013

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.