



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

NOV 20 AM 9:13

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ILL WIND, LLC

2. The street address of the initial registered office is:

266 W Bridge, Blackfoot, ID 83221

and the name of the initial registered agent at the above address is:

JARED M. HARRIS

3. The mailing address for future correspondence is:

266 W Bridge, Blackfoot, ID 83221

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

PETER BIPPART, M.D.189 W 225 N, Blackfoot, ID 83221

6. Signature of at least one person responsible for forming the limited liability company:

Signature: [Signature]Typed Name: PETER BIPPART, M.D.Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

Idaho Normal LLC formation application, 9/05
Revised 07/2002

IDAHO SECRETARY OF STATE
11/20/2006 05:00
CK: 3853 CT: 66248 BH: 1014673
1 @ 188.00 = 188.00 ORGAN LLC # 5

Web Form

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