



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB 23 PM 9:28
STATE OF IDAHO
COUNTY OF BLAINE

1. The name of the limited liability company is:

DESERT WIND FARMS LLC

2. The complete street and mailing addresses of the initial designated office:

1559 W. 300 N BLACKFOOT, ID 83221

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

MICHAEL BUSSELBERG
(Name)

1559 W. 300 N BLACKFOOT, ID 83221
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Angela Busselberg

1559 W 300 N BLACKFOOT, ID

5. Mailing address for future correspondence (annual report notices):

1559 W. 300 N. BLACKFOOT, ID 83221

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature ABusselberg

Typed Name: Angela Busselberg

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/23/2012 05:00
CK: CASH CT: 269571 BH: 1320911
1 @ 100.00 = 100.00 ORGAN LLC # 2

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