



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUL 12 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WINDS WEST LLC

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

101 E COURT RD, VALLEY VIEW SUBDIVISION, KAMIAH, ID 83536

(Street Address)

PO BOX 1032, KAMIAH, ID 83536

(Mailing Address, if different than street address)

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

DANIEL M JOHNSON

(Name)

404 Oak St (PO Box 36) Nezperce, ID 83543

(Street Address)

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

Name

Address

Cecil W. Weddle

PO BOX 1032, KAMIAH, ID 83536

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

Winds West LLC; c/o Dan Johnson, PO Box 36, Nezperce, ID 83543

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Daniel M. Johnson, Attorney

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/12/2010 05:00
CK: 2085 CT: 69155 BH: 1238215
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