No. W 82671	D	Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1 Mailing	Annual Report Form 1. Mailing Address: Correct in this box if needed.		TOM FETZER 5420 W. WICHER ROAD			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SOUTH DAKO TOM FETZE 5420 W. WIO	DTA WINDS LLC R		GLENNS FERRY ID 83623 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	nter Names and Address	ses of at least one Member or Manager.					
Office Held Name	2	Street or PO Address	City	State	Country	Postal Code	
MEMBER PACIFIC WINDS LLC 5420 W		5420 W. WICHER ROAD	GLENNS FERRY	ID	USA	83623	
5. Organized Under the Laws of:	6. Annual Repo	ort must be signed.*					
ID ID	Signature: T	Signature: T. Fetzer		Date: 01/24/2017			
W 82671	Name (type	or print): T. Fetzer	Tit	Title: VP & CFO			
Processed 01/24/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					