# ARTICLES OF ORGANIZATION
# LIMITED LIABILITY COMPANY

(Instructions on back of application)

~~FILED EFFECTIVE~~

08 FEB 29 AM 9: 26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

   PRONGHORN POWER, LLC

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

   10394 N. CHASE RD., POST FALLS, ID 83854

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

   KYLE T. WERNER

3. The mailing address for future correspondence is:

   10394 N. CHASE RD., POST FALLS, ID 83854

4. The limited liability company will be:

   Manager-managed ☐ or Member-managed ☑  (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
   If member-managed, list the name(s) and address(es) of at least one initial member.

   | Name | Address |
   | --- | --- |
   | KYLE T. WERNER | 10394 N. CHASE RD., POST FALLS, ID 83854 |

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

   Signature: _____
   Typed Name: James M. English
   Capacity: ORGANIZER

   Signature _____
   Typed Name: _____
   Capacity: _____

   g:\corp\forms\LLC formalentacforganization.pmd
   Revised 05/2007

   Web Form

Secretary of State use only

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02/29/2008  05:00
CK: 4256  CT: 160977  BH: 1102040
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