

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY -8 PM 2:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Desert Wind Distribution LLC

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

992 NE Tanager St Mtn Home ID 83647

(Street Address)

(Mailing Address, if different than street address)

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

Kim Simpson

(Name)

992 NE Tanager St

(Street Address)

Mtn Home ID 83647

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

Name

Address

Kim Simpson992 NE Tanager St Mtn Home ID
83647Jeffrey Simpson992 NE Tanager St Mtn Home ID
83647

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

992 NE Tanager St Mtn Home ID 83647

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

Signature of a manager, member, or authorized person.

Signature

Kim M SimpsonTyped Name: Kim M. Simpson

Signature

Jeffrey T. SimpsonTyped Name: Jeffrey T. Simpson

Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2015 05:00

CK:2823374 CT:172099 BH:1474738

10 100.00 = 100.00 ORGAN LLC #2

W151465