

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 NOV 21 AM 11:06

STATE OF STATE

 The name of the limit 	ed liability company is:	STATE OF IDAHU
	Talus-PPA LLC	5
12639 W Explorer Drive	and mailing addresses of the initia Ste 200, Boise Id. 83713	Il designated office:
(Street Address)		
(Mailing Address, if different th	an street address)	
The name and complete	ete street address of the registere	ed agent:
Jeff Irish	12639 W Explorer De	rive Ste 200, Boise Id. 83713
(Name)	(Street Address)	
 The name and addrest company: 	ss of at least one member or man	ager of the limited liability
<u>Name</u>		<u>Address</u>
Falcon Drive LLC	12639 W Explorer D	rive Ste 200, Boise Id. 83713
-	ture correspondence (annual repo	ort notices):
12639 W Explorer Drive	Ste 200, Boise Id. 83713	
6. Future effective date of	of filing (optional):	
ignature of a manager erson.	, member or authorized	
()		Secretary of State use only
ignature	<u> </u>	
yped Name: 🖊 📶 Irish 🗼	menter of Falan Pièce UC	IDAHO SECRETARY OF STATE
		11/21/2011 05:00
ignature		CK: 544 CT: 254372 BH: 1298830 1 0 100.00 = 100.00 ORGAN LLC N 2
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