



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR -3 PM 12:40
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Minnesota Winds LLC

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

5420 W. Wicher Road, Glenns Ferry, ID 83623

(Street Address)

(Mailing Address, if different than street address)

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

Tom Fetzner

(Name)

5420 W. Wicher Road, Glenns Ferry, ID 83623

(Street Address)

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

Name

Address

Pacific Winds LLC

5420 W. Wicher Road, Glenns Ferry, ID 83623

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

5420 W. Wicher Road, Glenns Ferry, ID 83623

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Tom Fetzner, Vice President

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/03/2013 05:00
CK: 1434 CT: 120951 BH: 1367723
1 @ 100.00 = 100.00 ORGAN LLC # 2

W123847