

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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	(Instructions on bac	ck of application)					
1.	The name of the limited liability co	ompany is: STATE OF IDAHO					
	•	idge Wind Berry L.L.C.					
2.	The complete street and mailing addresses of the initial designated/principal office: 814 S 2400 E, Hazelton, ID 83335						
	(Street Address) P.O. Box 173 Hazelton, ID 83335						
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:						
	Kim B. Beames	814 S 2400 E, Hazelton, ID 83335					
	(Name)	(Street Address)					
	The name and address of at least one member or manager of the limited liability company:						
	Name Kim B. Beames	Address 814 S 2400 E, Hazelton, ID 83335					
5.	Mailing address for future correspo P.O. Box 173, Hazelton, ID 83335	ndence (annual report notices):					
6.	Future effective date of filing (option	nal):					
	nature of a manager, member or	r authorized					
	1 8/11	Secretary of State use only					

Typed Name: Jeffey E/Rolig Attorney

Signature____

Typed Name:

IDAHO SECRETARY OF STATE

102/11/2011 05:00

1: 8868 CT: 142512 BH: 1259784

1: 8: 180.88 = 180.86 ORGAN LLC # 2