



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 SEP -3 AM 10: 09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

High Wind LLC

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

445 E Fallingbranch Dr, Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Dan Goggins

(Name)

445 E Fallingbranch Dr Meridian, ID 83642

(Street Address)

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

Name

Address

Dan Goggins

445 E Fallingbranch Dr Meridian, ID 83642

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

445 E Fallingbranch Dr, Meridian, ID 83642

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: Dan Goggins

Signature

Typed Name:

IDAHO SECRETARY OF STATE
09/03/2013 05:00
CK: 1838 CT: 253482 BH: 1388553
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