

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

09 MAY 19 AH 8: 27

1.	The name of	the limited	liability company	is:
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SECRETARY OF STATE STATE OF IDAHO

DESERT	WIND PROPERTIES, LLC	
	dresses of the initial designated/princi	pal office:
	RASS DRIVE, MAYFIELD, ID 83716	
(Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street address	ress of the registered agent:	
DESERT RAIN PROPERTIES, LLC	752 S. PRAIRIE GRASS DR, MAYFIELI	D, ID 83716
(Name)	(Street Address)	
The name and address of at least or company:	ne member or manager of the limited	liability
Name	Address	**************************************
DESERT RAIN PROPERTIES, LLC	752 S. PRAIRIE GRASS DR, MAYFIELI	D, ID 83716
	A STATE OF THE STA	
5. Mailing address for future correspon	ndence (annual report notices): GRASS DR, MAYFIELD, ID 83716	
6. Future effective date of filling (option	nal):	
Signature of organizer(s). (An organizer is a	member, or is	
acting in behalf of a member of members).		
Signature / Missing Will	Secretary of State	use only
Typed Name: MGR, DESERT RAIN PROP	PERTIES S	
Typed Hallie.	1000	* 4
Cianatura	77/200m	
Signature	IDOHO	REPRETABLE OF ATTACK
Typed Name:	\$	SECRETARY OF STATE

05/19/2009 05:00 CK: 5171 CT: 226263 Mi: 1171094 1 # 100.00 = 100.00 OROM LLC # 3