

Viridian Energy PA LLC

Attachment 1

Viridian Energy PA LLC's license to do business in the state of Illinois is attached.



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MARCH 24, 2010

0295291-2

CORPDIRECT AGENTS
520 S 2ND ST #403
SPRINGFIELD, IL 62701-0000

RE VIRIDIAN ENERGY PA, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A \$300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

JW:LLC

Form **LLC-45.5**
October 2009

Secretary of State Jesse White
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdrivellinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act
**Application for Admission
to Transact Business**

SUBMIT IN DUPLICATE
Must be typewritten.

This space for use by Secretary of State.

Filing Fee: \$500

Penalty: \$

Approved: *SM*

0295291-2

FILE #

This space for use by Secretary of State.

FILED

MAR 24 2010

**JESSE WHITE
SECRETARY OF STATE**

- Limited Liability Company Name: Viridian Energy PA, LLC
- Assumed Name: _____
By electing this Assumed Name, the Limited Liability Company hereby agrees not to use its Company Name in the transaction of business in Illinois. Form LLC-120 is attached.
- Jurisdiction of Organization: Nevada
- Date of Organization: October 1 2009
- Period of Duration: Perpetual
- Address, including County, of the Office required to be maintained in the jurisdiction of its organization or, if not required, of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)
263 Tresser Blvd, Floor 9,
Number Street Suite #
Stamford, CT 06901 - Fairfield County
City/State ZIP Code County
- Registered Agent: CorpDirect Agents
First Name Middle Name Last Name
Registered Office: 520 South Second Street, Suite 403
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #
Springfield, IL Illinois 62701
City County ZIP Code
- If applicable, Date on which Company first conducted business in Illinois: _____

(continued on back)

Transaction Result:			
Date/Time:	Wednesday, March 24, 2010/9:05:35 AM PDT		
Merchant ID:	110815	Total Amount:	\$ 514.75
Transaction Type:	CC SALE	ConvFee Amount:	\$ 14.75
Response Type:	A	Response Code:	A01
Response Description:	APPROVED	Authorization Code:	136361
ATM Verify Result:		Details:	
Trace Number:	6C1AAAFD-82B3-47B0-8B09-FD39C480F416		

Payment Info:	
Customer Name:	Michael J Fallquist
Payment Method:	Credit Card: AMER
Last 4 digits:	*****1005
File No.:	02952912-SKM1
Wallet ID:	

Contact Info:	
Company Name:	SOS/BS LIMITED LIABILITY
Street Name:	
Street Name 2:	
City:	
State:	Postal Code:
Phone Number:	Fax Number:
Customer Service:	

Account Holder/Authorization Signature _____