



AUDIE SCIUMBATO  
Licensed in Texas and New Mexico  
Phone: 806.364.2626  
Fax: 806.364.9368  
www.uwlaw.com  
Audie.Sciumbato@uwlaw.com

ADDRESS:  
145 W. 3<sup>rd</sup> Street  
Hereford, Texas  
MAILING ADDRESS:  
P.O. Box 1655  
Hereford, TX 79045

June 18, 2013

Jenny Hicks  
Economic Development and Analysis Division  
Texas Comptroller of Public Accounts  
111 E. 17th St.  
Austin, TX 78774

*Via Email and Federal Express*

Re: 313 Application –Panhandle Pattern Wind 2, LLC

Dear Jenny:

Enclosed please find an application for appraised value limitation on qualified property submitted to Panhandle ISD by Panhandle Pattern Wind 2, LLC on June 5, 2013, along with the applicant's request to treat certain materials as "CONFIDENTIAL." The confidential material has been separated from the application (by tab in the notebook and a separate PDF in electronic form). A CD containing these documents is also enclosed.

The Panhandle ISD Board elected to accept the application on June 5, 2013. The application was determined to be complete on June 17, 2013. We ask that the Comptroller's Office prepare the economic impact report for this development.

A copy of the application will also be submitted to the Carson County Appraisal District in accordance with 34 Tex. Admin. Code §9.1054. Please feel free to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Audie Sciumbato", with a stylized flourish at the end.

Audie Sciumbato, PhD

Enclosures

GV13ZK0Z0D1J0U

cc: Chief Appraiser, Carson County Appraisal District  
Glen Hodges, Pattern Energy, LP



# Application for Appraised Value Limitation on Qualified Property

(Tax Code, Chapter 313, Subchapter B or C)

**Form 50-296**  
(Revised May 2010)

**INSTRUCTIONS:** This application must be completed and filed with the school district. In order for an application to be processed, the governing body (school board) must elect to consider an application, but — by Comptroller rule — the school board may elect to consider the application only after the school district has received a completed application. Texas Tax Code, Section 313.025 requires that any completed application and any supplemental materials received by the school district must be forwarded within seven days to the Comptroller of Public Accounts.

If the school board elects to consider the application, the school district must:

- notify the Comptroller that the school board has elected to consider the application.

This notice must include:

- the date on which the school district received the application;
- the date the school district determined that the application was complete;
- the date the school board decided to consider the application; and
- a request that the comptroller prepare an economic impact analysis of the application;
- provide a copy of the notice to the appraisal district;
- must complete the sections of the application reserved for the school district and provide information required in the Comptroller rules located at 34 Texas Administrative Code (TAC) Section 9.1054; and
- forward the original completed application to the Comptroller in a three-ring binder with tabs separating each section of the documents, in addition to an electronic copy on CD. See 34 TAC Chapter 9, Subchapter F.

The governing body may, at its discretion, allow the applicant to supplement or amend the application after the filing date, subject to the restrictions in 34 TAC Chapter 9, Subchapter F.

When the Comptroller receives the notice and required information from the school district, the Comptroller will publish all submitted application materials on its Web site. The Comptroller is authorized to treat some application information as confidential and withhold it from publication on the Internet. To do so, however, the information must be segregated and comply with the other requirements set out in the Comptroller rules as explained in the Confidentiality Notice below.

The Comptroller will independently determine whether the application has been completed according to the Comptroller's rules (34 TAC Chapter 9, Subchapter F). If the Comptroller finds the application is not complete, the Comptroller will request additional materials from the school district. When the Comptroller determines that the application is complete, it will send the school district a notice indicating so. The Comptroller will determine the eligibility of the project, make a recommendation to the school board regarding the application and prepare an economic impact evaluation by the 90th day after the Comptroller receives a complete application—as determined by the Comptroller.

The school board must approve or disapprove the application before the 151st day after the application review start date (the date the application is finally determined to be complete), unless an extension is granted. The Comptroller and school district are authorized to request additional information from the applicant that is reasonably necessary to complete the recommendation, economic impact evaluation or consider the application at any time during the application review period.

Please visit the Comptroller's Web site to find out more about the program at <http://www.window.state.tx.us/taxinfo/proptax/hb1200/index.html>. There are links on this Web page to the Chapter 313 statute, rules and forms. Information about minimum limitation values for particular districts and wage standards may also be found at that site.

## SCHOOL DISTRICT INFORMATION - CERTIFICATION OF APPLICATION

**Authorized School District Representative**

Date application received by district

June 5, 2013

First Name <b>Blair</b>		Last Name <b>Brown</b>	
Title <b>Superintendent</b>			
School District Name <b>Panhandle Independent School District</b>			
Street Address <b>106 West 9th St</b>			
Mailing Address <b>PO Box 1030</b>			
City <b>Panhandle</b>		State <b>Texas</b>	ZIP <b>79068</b>
Phone Number <b>(806)537-3568</b>		Fax Number <b>(806)537-5553</b>	
Mobile Number (optional)		E-mail Address <b>blair.brown@region16.net</b>	

I authorize the consultant to provide and obtain information related to this application.. ☒ Yes ☐ No

Will consultant be primary contact? ☒ Yes ☐ No

**SCHOOL DISTRICT INFORMATION - CERTIFICATION OF APPLICATION (CONTINUED)****Authorized School District Consultant (If Applicable)**

First Name <b>Audie</b>	Last Name <b>Sciumbato</b>
Title <b>Associate Attorney</b>	
Firm Name <b>Underwood Law Firm</b>	
Street Address <b>145 W. 3rd</b>	
Mailing Address	
City <b>Hereford</b>	State <b>Texas</b> ZIP <b>79045</b>
Phone Number <b>806 364 2626</b>	Fax Number <b>806 364 9368</b>
Mobile Number (Optional)	E-mail Address <b>audie.sciumbato@uwlaw.com</b>

I am the authorized representative for the school district to which this application is being submitted. I understand that this application is a government record as defined in Chapter 37 of the Texas Penal Code.

Signature (Authorized School District Representative) 	Date <b>6-5-13</b>
--	-----------------------

Has the district determined this application complete? ..... ☒ Yes ☐ No

If yes, date determined complete. **6-18-13**

Have you completed the school finance documents required by TAC 9.1054(c)(3)? ..... ☐ Yes ☒ No

**SCHOOL DISTRICT CHECKLIST AND REQUESTED ATTACHMENTS**

	Checklist	Page X of 16	Check Completed
1	Date application received by the ISD	1 of 16	✓
2	Certification page signed and dated by authorized school district representative	2 of 16	✓
3	Date application deemed complete by ISD	2 of 16	✓
4	Certification pages signed and dated by applicant or authorized business representative of applicant	4 of 16	✓
5	Completed company checklist	12 of 16	✓
6	School finance documents described in TAC 9.1054(c)(3) (Due within 20 days of district providing notice of completed application)	2 of 16	✓



## APPLICANT INFORMATION - CERTIFICATION OF APPLICATION

## Authorized Business Representative (Applicant)

First Name <b>Glen</b>	Last Name <b>Hodges</b>	
Title <b>Senior Developer</b>		
Organization <b>Pattern Energy Group LP</b>		
Street Address <b>1600 Smith Street, Suite 4025</b>		
Mailing Address		
City <b>Houston</b>	State <b>Texas</b>	ZIP <b>77002</b>
Phone Number <b>512 789 2879</b>	Fax Number <b>713 571 8004</b>	
Mobile Number (optional)	Business e-mail Address <b>glen.hodges@patternenergy.com</b>	

Will a company official other than the authorized business representative be responsible for responding to future information requests? ..... ☐ Yes ☒ No

If yes, please fill out contact information for that person.

First Name	Last Name	
Title		
Organization		
Street Address		
Mailing Address		
City	State	ZIP
Phone Number	Fax Number	
Mobile Number (optional)	E-mail Address	

I authorize the consultant to provide and obtain information related to this application.. ..... ☐ Yes ☐ No

Will consultant be primary contact? ..... ☐ Yes ☐ No





Form 50-296

## Application for Appraised Value Limitation on Qualified Property

## APPLICANT INFORMATION - CERTIFICATION OF APPLICATION (CONTINUED)

## Authorized Company Consultant (If Applicable)

First Name	Last Name	
Title		
Firm Name		
Street Address		
Mailing Address		
City	State	ZIP
Phone Number	Fax Number	
Business email Address		

I am the authorized representative for the business entity for the purpose of filing this application. I understand that this application is a government record as defined in Chapter 37 of the Texas Penal Code. The information contained in this application is true and correct to the best of my knowledge and belief.

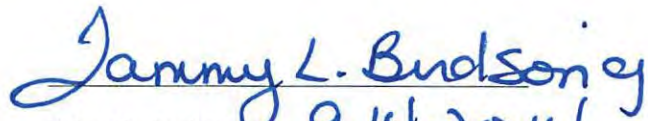
I hereby certify and affirm that the business entity I represent is in good standing under the laws of the state in which the business entity was organized and that no delinquent taxes are owed to the State of Texas.

Signature (Authorized Business Representative (Applicant))	Date
	6-5-2013

GIVEN under my hand and seal of office this 5<sup>th</sup> day of June, 2013



(Notary Seal)

  
Notary Public, State of 9-14-2014

My commission expires 9-14-2014

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code § 37.10.

**FEES AND PAYMENTS**

☐ Enclosed is proof of application fee paid to the school district.

For the purpose of this question, "payments to the school district" include any and all payments or transfers of things of value made to the school district or to any person or persons in any form if such payment or transfer of thing of value being provided is in recognition of, anticipation of, or consideration for the agreement for limitation on appraised value.

Please answer only either A OR B:

A. Will any "payments to the school district" that you may make in order to receive a property tax value limitation agreement result in payments that are not in compliance with Tax Code, 313.027(i)? ☐ Yes ☒ No

B. If "payments to the school district" will only be determined by a formula or methodology without a specific amount being specified, could such method result in "payments to the school district" that are not in compliance with Tax Code §313.027(i)? ☐ Yes ☒ No

**BUSINESS APPLICANT INFORMATION**

Legal Name under which application is made

**Pattern Panhandle Wind 2 LLC**

Texas Taxpayer I.D. Number of entity subject to Tax Code, Chapter 171 (11 digits)

NAICS code

**221119 (other electric power generation)**

Is the applicant a party to any other Chapter 313 agreements? ☐ Yes ☒ No

If yes, please list name of school district and year of agreement.

**APPLICANT BUSINESS STRUCTURE**

Registered to do business in Texas with the Texas Secretary of State? ☒ Yes ☐ No

Identify business organization of applicant (corporation, limited liability corporation, etc.)

**limited liability corporation**

1. Is the applicant a combined group, or comprised of members of a combined group, as defined by Texas Tax Code Chapter 171.0001(7)? ☒ Yes ☐ No  
If so, please attach documentation of the combined group membership and contact information.

2. Is the applicant current on all tax payments due to the State of Texas? ☒ Yes ☐ No

3. Are all applicant members of the combined group current on all tax payments due to the State of Texas? ☐ NA ☒ Yes ☐ No

If the answer to either question is no, please explain and/or disclose any history of default, delinquencies and/or any material litigation, including litigation involving the State of Texas. (Use attachment if necessary.)

**ELIGIBILITY UNDER TAX CODE CHAPTER 313.024**

Are you an entity to which Tax Code, Chapter 171 applies? ☒ Yes ☐ No

The property will be used as an integral part, or as a necessary auxiliary part, in one of the following activities:

- (1) manufacturing ☐ Yes ☒ No
- (2) research and development ☐ Yes ☒ No
- (3) a clean coal project, as defined by Section 5.001, Water Code ☐ Yes ☒ No
- (4) an advanced clean energy project, as defined by Section 382.003, Health and Safety Code ☐ Yes ☒ No
- (5) renewable energy electric generation ☒ Yes ☐ No
- (6) electric power generation using integrated gasification combined cycle technology ☐ Yes ☒ No
- (7) nuclear electric power generation ☐ Yes ☒ No
- (8) a computer center that is used as an integral part or as a necessary auxiliary part for the activity conducted by applicant in one or more activities described by Subdivisions (1) through (7) ☐ Yes ☒ No

Are you requesting that any of the land be classified as qualified investment? ☐ Yes ☒ No

Will any of the proposed qualified investment be leased under a capitalized lease? ☐ Yes ☒ No

Will any of the proposed qualified investment be leased under an operating lease? ☐ Yes ☒ No

Are you including property that is owned by a person other than the applicant? ☐ Yes ☒ No

Will any property be pooled or proposed to be pooled with property owned by the applicant in determining the amount of your qualified investment? ☐ Yes ☒ No

**PROJECT DESCRIPTION**

Provide a detailed description of the scope of the proposed project, including, at a minimum, the type and planned use of real and tangible personal property, the nature of the business, a timeline for property construction or installation, and any other relevant information. (Use attachments as necessary)

# See Checklist Item 4 on attachment

Describe the ability of your company to locate or relocate in another state or another region of the state.

# See Checklist item 4 on attachment

**PROJECT CHARACTERISTICS (CHECK ALL THAT APPLY)**

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> New Jobs          | <input checked="" type="checkbox"/> Construct New Facility | <input type="checkbox"/> New Business / Start-up                   | <input type="checkbox"/> Expand Existing Facility |
| <input type="checkbox"/> Relocation from Out-of-State | <input type="checkbox"/> Expansion                         | <input checked="" type="checkbox"/> Purchase Machinery & Equipment |   |
| <input type="checkbox"/> Consolidation                | <input type="checkbox"/> Relocation within Texas           |  |   |

**PROJECTED TIMELINE**

Begin Construction Sept. 30, 2013      Begin Hiring New Employees June 30, 2014

Construction Complete Sept. 30, 2014      Fully Operational October 1, 2014

Purchase Machinery & Equipment Sept. 30, 2013

Do you propose to construct a new building or to erect or affix a new improvement after your application review start date (date your application is finally determined to be complete)? ☒ Yes ☐ No

**Note:** Improvements made before that time may not be considered qualified property.

When do you anticipate the new buildings or improvements will be placed in service? October 1, 2014

**ECONOMIC INCENTIVES**

Identify state programs the project will apply for:

State Source

Amount

N/A

Total

Will other incentives be offered by local units of government? ☒ Yes ☐ No

Please use the following box for additional details regarding incentives. (Use attachments if necessary.)

a tax abatement agreement with Carson County has been offered, similar to agreements previously entered into by the county with other wind generation projects.

**THE PROPERTY**Identify county or counties in which the proposed project will be located CarsonCentral Appraisal District (CAD) that will be responsible for appraising the property Carson CADWill this CAD be acting on behalf of another CAD to appraise this property? ☐ Yes ☒ No

List all taxing entities that have jurisdiction for the property and the portion of project within each entity

County: Carson (100%)

(Name and percent of project)

City: NA

(Name and percent of project)

Hospital District: NA

(Name and percent of project)

Water District: Panhandle Groundwater Conservation District (100%)

(Name and percent of project)

Other (describe): Panhandle ISD (100%)

(Name and percent of project)

Other (describe): \_\_\_\_\_

(Name and percent of project)

Is the project located entirely within this ISD? ☒ Yes ☐ No

If not, please provide additional information on the project scope and size to assist in the economic analysis.



**INVESTMENT**

**NOTE:** The minimum amount of qualified investment required to qualify for an appraised value limitation and the minimum amount of appraised value limitation vary depending on whether the school district is classified as rural, and the taxable value of the property within the school district. For assistance in determining estimates of these minimums, access the Comptroller's Web site at [www.window.state.tx.us/taxinfo/proptax/hb1200/values.html](http://www.window.state.tx.us/taxinfo/proptax/hb1200/values.html).

At the time of application, what is the estimated minimum qualified investment required for this school district? \$20 million

What is the amount of appraised value limitation for which you are applying? \$20 million

What is your total estimated *qualified* investment? up to \$250 million

**NOTE:** See 313.021(1) for full definition. Generally, Qualified Investment is the sum of the investment in tangible personal property and buildings and new improvements made between beginning of the qualifying time period (date of application final approval by the school district) and the end of the second complete tax year.

What is the anticipated date of application approval? September 15, 2013

What is the anticipated date of the beginning of the qualifying time period? September 15, 2013

What is the total estimated investment for this project for the period from the time of application submission to the end of the limitation period? up to \$250 million

Describe the qualified investment. [See 313.021(1).]

Attach the following items to this application:

- (1) a specific and detailed description of the qualified investment you propose to make on the property for which you are requesting an appraised value limitation as defined by Tax Code §313.021,
- (2) a description of any new buildings, proposed improvements or personal property which you intend to include as part of your minimum qualified investment and
- (3) a map of the qualified investment showing location of new buildings or new improvements with vicinity map.

Do you intend to make at least the minimum qualified investment required by Tax Code §313.023 (or 313.053 for rural school districts) for the relevant school district category during the qualifying time period? ☒ Yes ☐ No

Except for new equipment described in Tax Code §151.318(q) or (q-1), is the proposed tangible personal property to be placed in service for the first time:

- (1) in or on the new building or other new improvement for which you are applying? ☒ Yes ☐ No
- (2) if not in or on the new building or other new improvement for which you are applying for an appraised value limitation, is the personal property necessary and ancillary to the business conducted in the new building or other new improvement? ☒ Yes ☐ No
- (3) on the same parcel of land as the building for which you are applying for an appraised value limitation? ☒ Yes ☐ No

("First placed in service" means the first use of the property by the taxpayer.)

Will the investment in real or personal property you propose be counted toward the minimum qualified investment required by Tax Code §313.023, (or 313.053 for rural school districts) be first placed in service in this state during the applicable qualifying time period? ☒ Yes ☐ No

Does the investment in tangible personal property meet the requirements of Tax Code §313.021(1)? ☒ Yes ☐ No

If the proposed investment includes a building or a permanent, non-removable component of a building, does it house tangible personal property? ☒ Yes ☐ No

**QUALIFIED PROPERTY**

Describe the qualified property. [See 313.021(2)] (If qualified investment describes qualified property exactly you may skip items (1), (2) and (3) below.)

Attach the following items to this application:

- (1) a specific and detailed description of the qualified property for which you are requesting an appraised value limitation as defined by Tax Code §313.021,
- (2) a description of any new buildings, proposed improvements or personal property which you intend to include as part of your qualified property and
- (3) a map of the qualified property showing location of new buildings or new improvements – with vicinity map.

**Land**

Is the land on which you propose new construction or improvements currently located in an area designated as a reinvestment zone under Tax Code Chapter 311 or 312 or as an enterprise zone under Government Code Chapter 2303? ☒ Yes ☐ No

If you answered "no" to the question above, what is the anticipated date on which you will submit proof of a reinvestment zone with boundaries encompassing the land on which you propose new construction or improvements? \_\_\_\_\_

Will the applicant own the land by the date of agreement execution? ☐ Yes ☒ No

Will the project be on leased land? ☒ Yes ☐ No

**QUALIFIED PROPERTY (CONTINUED)**

If the land upon which the new building or new improvement is to be built is part of the qualified property described by §313.021(2)(A), please attach complete documentation, including:

1. Legal description of the land
2. Each existing appraisal parcel number of the land on which the improvements will be constructed, regardless of whether or not all of the land described in the current parcel will become qualified property
3. Owner
4. The current taxable value of the land. Attach estimate if land is part of larger parcel.
5. A detailed map (with a vicinity map) showing the location of the land

Attach a map of the reinvestment zone boundaries, certified to be accurate by either the governmental entity creating the zone, the local appraisal district, or a licensed surveyor. (With vicinity map)

Attach the order, resolution or ordinance establishing the zone, and the guidelines and criteria for creating the zone, if applicable.

**Miscellaneous**

Is the proposed project a building or new improvement to an existing facility? ☐ Yes ☒ No

Attach a description of any existing improvements and include existing appraisal district account numbers.

List current market value of existing property at site as of most recent tax year. 0 2012  
(Market Value) (Tax Year)

Is any of the existing property subject to a value limitation agreement under Tax Code 313? ☐ Yes ☒ No

Will all of the property for which you are requesting an appraised value limitation be free of a tax abatement agreement entered into by a school district for the duration of the limitation? ☒ Yes ☐ No

**WAGE AND EMPLOYMENT INFORMATION**

What is the estimated number of permanent jobs (more than 1,600 hours a year), with the applicant or a contractor of the applicant, on the proposed qualified property during the last complete quarter before the application review start date (date your application is finally determined to be complete)? 0

The last complete calendar quarter before application review start date is the:

☒ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter of 2013  
(year)

What were the number of permanent jobs (more than 1,600 hours a year) this applicant had in Texas during the most recent quarter reported to the TWC?  
0

**Note:** For job definitions see TAC §9.1051(14) and Tax Code 313.021(3). If the applicant intends to apply a definition for "new job" other than TAC §9.1051(14)(C), then please provide the definition of "new job" as used in this application. \_\_\_\_\_

Total number of new jobs that will have been created when fully operational up to 6

Do you plan to create at least 25 new jobs (at least 10 new jobs for rural school districts) on the land and in connection with the new building or other improvement? ☐ Yes ☒ No

Do you intend to request that the governing body waive the minimum new job creation requirement, as provided under Tax Code §313.025(f-1)? ☒ Yes ☐ No

If you answered "yes" to the question above, attach evidence documenting that the new job creation requirement above exceeds the number of employees necessary for the operation, according to industry standards. **Note: Even if a minimum new job waiver is provided, 80% of all new jobs must be qualifying jobs pursuant to Texas Tax Code, §313.024(d).**

What is the maximum number of qualifying jobs meeting all criteria of §313.021(3) you are committing to create? 6

If this project creates more than 1,000 new jobs, the minimum required wage for this project is 110% of the average county weekly wage for all jobs as described by 313.021(3)(E)(ii).

If this project creates less than 1,000 new jobs, does this district have territory in a county that meets the demographic characteristics of 313.051(2)? (see table of information showing this district characteristic at <http://www.window.state.tx.us/taxinfo/proptax/hb1200/values.html>)

If yes, the applicant must meet wage standard described in 313.051(b) (110% of the regional average weekly wage for manufacturing)

If no, the applicant shall designate one of the wage standards set out in §§313.021(5)(A) or 313.021(5)(B).

**WAGE AND EMPLOYMENT INFORMATION (CONTINUED)**

For the following three wage calculations please include on an attachment the four most recent quarters of data for each wage calculation. Show the average and the 110% calculation. Include documentation from TWC Web site. The final actual statutory minimum annual wage requirement for the applicant for each qualifying job — which may differ slightly from this estimate — will be based on information from the four quarterly periods for which data were available at the time of the application review start date (date of a completed application). See TAC §9.1051(7).

110% of the county average weekly wage for all jobs (all industries) in the county is \$1,569.70

110% of the county average weekly wage for manufacturing jobs in the county is not available on TWC website

110% of the county average weekly wage for manufacturing jobs in the region is \$850.30

Please identify which Tax Code section you are using to estimate the wage standard required for this project:

☐ §313.021(5)(A) or ☐ §313.021(5)(B) or ☐ §313.021(3)(E)(ii), or ☒ §313.051(b)?

What is the estimated minimum required annual wage for each qualifying job based on the qualified property? \$44,215.60

What is the estimated minimum required annual wage you are committing to pay for each of the qualifying jobs you create on the qualified property? \$45,000

Will 80% of all new jobs created by the owner be qualifying jobs as defined by 313.021(3)? ☒ Yes ☐ No

Will each qualifying job require at least 1,600 of work a year? ☒ Yes ☐ No

Will any of the qualifying jobs be jobs transferred from one area of the state to another? ☐ Yes ☒ No

Will any of the qualifying jobs be retained jobs? ☐ Yes ☒ No

Will any of the qualifying jobs be created to replace a previous employee? ☐ Yes ☒ No

Will any required qualifying jobs be filled by employees of contractors? ☒ Yes ☐ No

If yes, what percent? 67%

Does the applicant or contractor of the applicant offer to pay at least 80% of the employee's health insurance premium for each qualifying job? ☒ Yes ☐ No

Describe each type of benefits to be offered to qualifying jobholders. (Use attachments as necessary.)

# See Checklist item 15 on attachment

**ECONOMIC IMPACT**

Is an Economic Impact Analysis attached (If supplied by other than the Comptroller's office)? ☐ Yes ☒ No

Is Schedule A completed and signed for all years and attached? ☒ Yes ☐ No

Is Schedule B completed and signed for all years and attached? ☒ Yes ☐ No

Is Schedule C (Application) completed and signed for all years and attached? ☒ Yes ☐ No

Is Schedule D completed and signed for all years and attached? ☒ Yes ☐ No

Note: Excel spreadsheet versions of schedules are available for download and printing at URL listed below.

If there are any other payments made in the state or economic information that you believe should be included in the economic analysis, please attach a separate schedule showing the amount for each year affected, including an explanation.

**CONFIDENTIALITY NOTICE**

**Property Tax Limitation Agreement Applications  
Texas Government Code Chapter 313  
Confidential Information Submitted to the Comptroller**

Generally, an application for property tax value limitation, the information provided therein, and documents submitted in support thereof, are considered public information subject to release under the Texas Public Information Act.

There is an exception, outlined below, by which information will be withheld from disclosure.

The Comptroller's office will withhold information from public release if:

- 1) it describes the specific processes or business activities to be conducted or the specific tangible personal property to be located on real property covered by the application;
- 2) the information has been segregated in the application from other information in the application; and
- 3) the party requesting confidentiality provides the Comptroller's office a list of the documents for which confidentiality is sought and for each document lists the specific reasons, including any relevant legal authority, stating why the material is believed to be confidential.

All applications and parts of applications which are not segregated and marked as confidential as outlined above will be considered public information and will be posted on the internet.

Such information properly identified as confidential will be withheld from public release unless and until the governing body of the school district acts on the application, or we are directed to do so by a ruling from the Attorney General.

Other information in the custody of a school district or the comptroller submitted in connection with the application, including information related to the economic impact of a project or the essential elements of eligibility under Texas Tax Code, Chapter 313, such as

the nature and amount of the projected investment, employment, wages, and benefits, will not be considered confidential business information and will be posted on the internet.

All documents submitted to the Comptroller, as well as all information in the application once the school district acts thereon, are subject to public release unless specific parts of the application or documents submitted with the application are identified as confidential. Any person seeking to limit disclosure of such submitted records is advised to consult with their legal counsel regarding disclosure issues and also to take the appropriate precautions to safeguard copyrighted material, trade secrets, or any other proprietary information. The Comptroller assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by respondents. A person seeking to limit disclosure of information must submit in writing specific detailed reasons, including any relevant legal authority, stating why that person believes the material to be confidential.

The following outlines how the Comptroller's office will handle requests for information submitted under the Texas Public Information Act for application portions and submitted records appropriately identified as confidential.

- This office shall forward the request for records and a copy of the documents at issue to the Texas Attorney General's office for an opinion on whether such information may be withheld from disclosure under the Texas Public Information Act.
- The Comptroller will notify the person who submitted the application/documents when the information is forwarded to the Attorney General's office.
- Please be aware that this Office is obligated to comply with an Attorney General's decision, including release of information ruled public even if it was marked confidential.



## COMPANY CHECKLIST AND REQUESTED ATTACHMENTS

	Checklist	Page X of 16	Check Completed
1	Certification pages signed and dated by Authorized Business Representative (applicant)	4 of 16	✓
2	Proof of Payment of Application Fee (Attachment)	5 of 16	
3	For applicant members, documentation of Combined Group membership under Texas Tax Code 171.0001(7) (if Applicable) (Attachment)	5 of 16	✓
4	Detailed description of the project	6 of 16	✓
5	If project is located in more than one district, name other districts and list percentage in each district (Attachment)	7 of 16	
6	Description of Qualified Investment (Attachment)	8 of 16	✓
7	Map of qualified investment showing location of new buildings or new improvements with vicinity map.	8 of 16	✓
8	Description of Qualified Property (Attachment)	8 of 16	✓
9	Map of qualified property showing location of new buildings or new improvements with vicinity map	8 of 16	✓
10	Description of Land (Attachment)	9 of 16	✓
11	A detailed map showing location of the land with vicinity map.	9 of 16	✓
12	A description of all existing (if any) improvements (Attachment)	9 of 16	✓
13	Request for Waiver of Job Creation Requirement (if applicable) (Attachment)	9 of 16	✓
14	Calculation of three possible wage requirements with TWC documentation. (Attachment)	10 of 16	
15	Description of Benefits	10 of 16	✓
16	Economic Impact (if applicable)	10 of 16	
17	Schedule A completed and signed	13 of 16	✓
18	Schedule B completed and signed	14 of 16	✓
19	Schedule C (Application) completed and signed	15 of 16	✓
20	Schedule D completed and signed	16 of 16	✓
21	Map of Reinvestment Zone (Attachment) (Showing the actual or proposed boundaries and size, Certified to be accurate by either the government entity creating the zone, the local appraisal district, or a licensed surveyor, with vicinity map)*	9 of 16	✓
22	Order, Resolution, or Ordinance Establishing the Zone (Attachment)*	9 of 16	✓
23	Legal Description of Reinvestment Zone (Attachment)*	9 of 16	✓
24	Guidelines and Criteria for Reinvestment Zone(Attachment)*	9 of 16	✓

\*To be submitted with application or before date of final application approval by school board.





## APPLICANT INFORMATION - CERTIFICATION OF APPLICATION (CONTINUED)

## Authorized Company Consultant (If Applicable)

First Name		Last Name	
Title			
Firm Name			
Street Address			
Mailing Address			
City	State	ZIP	
Phone Number	Fax Number		
Business email Address			

I am the authorized representative for the business entity for the purpose of filing this application. I understand that this application is a government record as defined in Chapter 37 of the Texas Penal Code. The information contained in this application is true and correct to the best of my knowledge and belief.

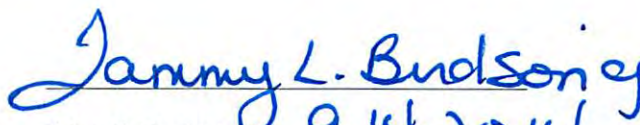
I hereby certify and affirm that the business entity I represent is in good standing under the laws of the state in which the business entity was organized and that no delinquent taxes are owed to the State of Texas.

Signature (Authorized Business Representative (Applicant))	Date
	6-5-2013

GIVEN under my hand and seal of office this 5<sup>th</sup> day of June, 2013



(Notary Seal)

  
Notary Public, State of 9-14-2014

My commission expires 9-14-2014

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code § 37.10.

Proof of payment of filing fee received by the  
Comptroller of Public Accounts per TAC Rule  
§9.1054 (b)(5)

*(Page Inserted by Office of Texas Comptroller of Public  
Accounts)*

## Texas Franchise Tax Report - Page 1

Tcode 13250 ANNUAL

Taxpayer number 32039702439		Report year 2012	Due date 11/15/2012	Privilege period covered by this report 01/01/2012 -12/31/2012	
Taxpayer Name PATTERN ENERGY GROUP LP					Secretary of State file number or Comptroller file number 0801133349
Mailing address PIER 1, BAY 3					Check box if the address has changed <input type="checkbox"/>
City SAN FRANCISCO	State CA	Country USA	ZIP Code 94111	Plus 4	
Check box if this is a combined report <input type="checkbox"/>		Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="checkbox"/>			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input checked="" type="checkbox"/>		

\*\*If not twelve months, see instructions for annualized revenue

Accounting year begin date**	m m d d y y 010111	Accounting year end date	m m d d y y 123111	SIC code	NAICS code 221100
---------------------------------	-----------------------	-----------------------------	-----------------------	----------	----------------------

## REVENUE (Whole dollars only)

1. Gross receipts or sales	1. ■	30684006 .00
2. Dividends	2. ■	4454242 .00
3. Interest	3. ■	1920361 .00
4. Rents (can be negative amount)	4. ■	0 .00
5. Royalties	5. ■	0 .00
6. Gains/losses (can be negative amount)	6. ■	0 .00
7. Other income (can be negative amount)	7. ■	120462067 .00
8. Total gross revenue (Add items 1 thru 7)	8. ■	157520676 .00
9. Exclusions from gross revenue (see instructions)	9. ■	65722892 .00
10. TOTAL REVENUE (item 8 minus item 9 if less than zero, enter 0)	10. ■	91797784 .00

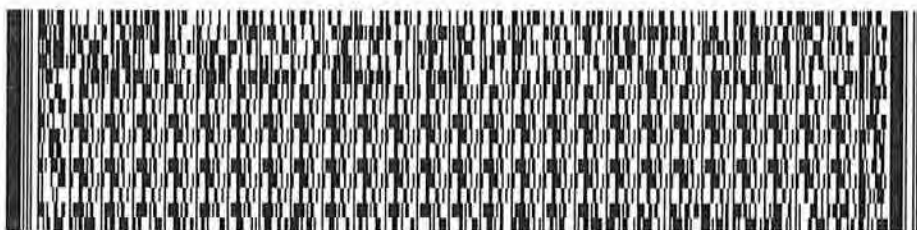
## COST OF GOODS SOLD (Whole dollars only)

11. Cost of goods sold	11. ■	19965015 .00
12. Indirect or administrative overhead costs (Limited to 4%)	12. ■	45608 .00
13. Other (see instructions)	13. ■	0 .00
14. TOTAL COST OF GOODS SOLD (Add items 11 thru 13)	14. ■	20010623 .00

## COMPENSATION (Whole dollars only)

15. Wages and cash compensation	15. ■	0 .00
16. Employee benefits	16. ■	0 .00
17. Other (see instructions)	17. ■	0 .00
18. TOTAL COMPENSATION (Add items 15 thru 17)	18. ■	0 .00

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>
PM Date	



## Texas Franchise Tax Report - Page 2

Tcode 13251 ANNUAL

■ Taxpayer number	■ Report year	Due date	Taxpayer name
32039702439	2012	11/15/2012	PATTERN ENERGY GROUP LP

**MARGIN** (Whole dollars only)

19. Revenue (item 10 X 70%)	19. ■	64258449 .00
20. Revenue (item 10 minus item 14 COGS)	20. ■	71787161 .00
21. Revenue (item 10 minus item 18 Compensation)	21. ■	91797784 .00
22. MARGIN (Enter the lowest amount from item 19, 20 or 21)	22. ■	64258449 .00

**APPORTIONMENT FACTOR**

23. Gross receipts in Texas (Whole dollars only)	23. ■	2044700 .00
24. Gross receipts everywhere (Whole dollars only)	24. ■	91797784 .00
25. APPORTIONMENT FACTOR (Divide item 23 by item 24, round to 4 decimal places)	25. ■	0.0223

**TAXABLE MARGIN** (Whole dollars only)

26. Apportioned margin (Multiply item 22 by item 25)	26. ■	1432963 .00
27. Allowable deductions (see instructions)	27. ■	0 .00
28. TAXABLE MARGIN (item 26 minus item 27)	28. ■	1432963 .00

**TAX DUE**

29. Tax rate (see instructions for determining the appropriate tax rate)	X X X	29. ■	0.0100
30. Tax due (Multiply item 28 by the tax rate in item 29) (Dollars and cents)	30. ■	14329.63	

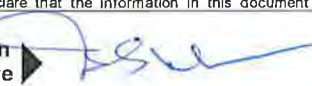
**TAX ADJUSTMENTS** (Dollars and cents) (Do not include prior payments)

31. Tax credits (item 23 from Form 05-160)	31. ■	0.00
32. Tax due before discount (item 30 minus item 31)	32. ■	14329.63
33. Discount (see instructions, applicable to report years 2008 and 2009)	33. ■	0.00

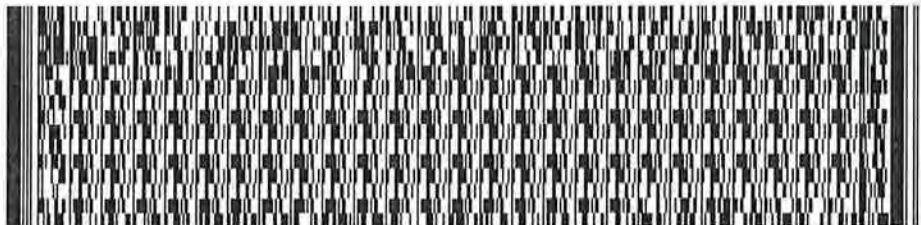
**TOTAL TAX DUE** (Dollars and cents)

34. TOTAL TAX DUE (item 32 minus item 33)	34. ■	14329.63
---	-------	----------

Do not include payment if item 34 is less than \$1,000 or if annualized total revenue is less than the no tax due threshold (see instructions). If the entity makes a tiered partnership election, ANY amount in item 34 is due. Complete Form 05-170 if making a payment.

Print or type name <b>ERIC LILLYBECK</b>		Area code and phone number <b>415 283 4000</b>
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. <b>sign here</b> 		<b>Mail original to:</b> Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348
Date <b>11/14/12</b>		

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. Instructions for each report year are online at [www.window.state.tx.us/taxinfo/taxforms/05-forms.html](http://www.window.state.tx.us/taxinfo/taxforms/05-forms.html).

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/>





TX2012

Ver. 3.0

05-102

(Rev. 9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

11342124333

2012

Taxpayer name  
G3 ENERGY, LLCMailing address  
PIER 1, BAY 3City  
SAN FRANCISCOState  
CAZIP Code  
94111

Plus 4

Secretary of State (SOS) file number or  
Comptroller file number

0800345303

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

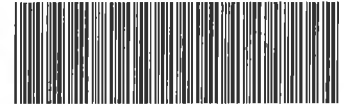
PIER 1, BAY 3 SAN FRANCISCO, CA 94111

Principal place of business

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



1134212433312

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
PATTERN RENEWABLES LP	MEMBER			
Mailing address	City	State	ZIP Code	
PIER 1, BAY 3	SAN FRANCISCO	CA	94111	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
CHOLLA WIND ENERGY, LLC	DE		50%
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes) ☐ Check box if you need forms to change the registered agent or registered office information.

Agent: CORPORATION SERVICE COMPANY

Office: 211 E. 7TH STREET SUITE 620

City  
AUSTINState  
TXZIP Code  
78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign  
here

Title

Treasurer

Date

11/14/12

Area code and phone number

415 283 4000

**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
-------	-----------------------	---------	-----------------------





TX2012

Ver. 3.0

05-102

(Rev.9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Tcode 13196

■ Taxpayer number

■ Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

32037567727

2012

Taxpayer name

MAJESTIC WIND POWER 2 LLC

Mailing address

PIER 1, BAY 3

Secretary of State (SOS) file number or  
Comptroller file number

City

SAN FRANCISCO

State

CA

ZIP Code

94111

Plus 4

0801006720

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

Principal place of business

PIER 1, BAY 3 SAN FRANCISCO, CA 94111



3203756772712

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
PATTERN RENEWABLES LP	MEMBER			
Mailing address	City	State	ZIP Code	
PIER 1, BAY 3	SAN FRANCISCO	CA	94111	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes) — Check box if you need forms to change  
Agent: CORPORATION SERVICE COMPANY — the registered agent or registered office information.

Office: 211 E. 7TH STREET SUITE 620	City: AUSTIN	State: TX	ZIP Code: 78701
-------------------------------------	--------------	-----------	-----------------

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Title: Transpace	Date: 11/14/12	Area code and phone number: 415 253 4000
-----------	------------------	----------------	--

**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
-------	-----------------------	---------	-----------------------



TX2012

Ver. 3.0

05-102

(Rev.9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

Tcode 13196

Taxpayer number

Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.**

32034712607

2012

Taxpayer name

NAVARRO GENERATING LLC

Mailing address

PIER 1, BAY 3

Secretary of State (SOS) file number or  
Comptroller file number

City

SAN FRANCISCO

State

CA

ZIP Code

94111

Plus 4

0800937623

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

Principal place of business

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203471260712

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration
PATTERN TRANSMISSION LP	MEMBER	<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
PIER 1, BAY 3	SAN FRANCISCO	CA	94111
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Check box if you need forms to change

Agent: CORPORATION SERVICE COMPANY

the registered agent or registered office information.

Office: 211 E. 7TH STREET SUITE 620

City

AUSTIN

State

TX

ZIP Code

78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here

Title

Transuace

Date

11/14/12

Area code and phone number

415 283 4000

**Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

TX2012

Ver. 3.0

05-102

(Rev. 9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Tcode 13196

■ Taxpayer number

■ Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.**

32025738983

2012

Taxpayer name  
PATTERN PANHANDLE WIND LLCMailing address  
PIER 1, BAY 3Secretary of State (SOS) file number or  
Comptroller file numberCity  
SAN FRANCISCOState  
CAZIP Code  
94111

Plus 4

0800768213

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office  
PIER 1, BAY 3 SAN FRANCISCO, CA 94111Principal place of business  
PIER 1, BAY 3 SAN FRANCISCO, CA 94111

3202573898312

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
PATTERN RENEWABLES LP	MEMBER			
Mailing address	City	State	ZIP Code	
PIER 1, BAY 3	SAN FRANCISCO	CA	94111	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes; — Check box if you need forms to change Agent: CORPORATION SERVICE COMPANY — the registered agent or registered office information.

Office: 211 E. 7TH STREET SUITE 620	City AUSTIN	State TX	ZIP Code 78701
-------------------------------------	----------------	-------------	-------------------

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Title TREASURER	Date 11/14/12	Area code and phone number 415 283 4000
-----------	--------------------	------------------	--

**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
-------	-----------------------	---------	-----------------------





TX2012

Ver. 3.0

05-102

(Rev. 9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Tcode 13196

■ Taxpayer number

■ Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.**

32017899256

2012

Taxpayer name  
SAND HILLS WIND POWER LLCMailing address  
PIER 1, BAY 3Secretary of State (SOS) file number or  
Comptroller file numberCity  
SAN FRANCISCOState  
CAZIP Code  
94111

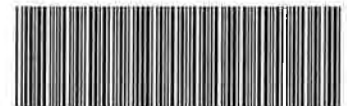
Plus 4

0800524645

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office  
PIER 1, BAY 3 SAN FRANCISCO, CA 94111Principal place of business  
PIER 1, BAY 3 SAN FRANCISCO, CA 94111**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3201789925612

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
PATTERN RENEWABLES LP	MEMBER			
Mailing address	City	State	ZIP Code	
PIER 1, BAY 3	SAN FRANCISCO	CA	94111	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes) ☐ Check box if you need forms to change the registered agent or registered office information.


Agent: CORPORATION SERVICE COMPANY

Office: 211 E. 7TH STREET SUITE 620

City  
AUSTINState  
TXZIP Code  
78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here  Title  
Treasurer Date  
11/14/12 Area code and phone number  
415 253 4000

**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
-------	-----------------------	---------	-----------------------



TX2012

Ver. 3.0

05-102

(Rev. 9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Tcode 13196

■ Taxpayer number

■ Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.**

32039155034

2012

Taxpayer name  
TEXAS GULF WIND 2 LLCMailing address  
PIER 1, BAY 3Secretary of State (SOS) file number or  
Comptroller file numberCity  
SAN FRANCISCOState  
CAZIP Code  
94111

Plus 4

0801101943

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office  
PIER 1, BAY 3 SAN FRANCISCO, CA 94111Principal place of business  
PIER 1, BAY 3 SAN FRANCISCO, CA 94111

3203915503412

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
PATTERN RENEWABLES LP	MEMBER		
Mailing address	City	State	ZIP Code
PIER 1, BAY 3	SAN FRANCISCO	CA	94111
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes) — Check box if you need forms to change the registered agent or registered office information.


Agent: CORPORATION SERVICE COMPANY

Office: 211 E. 7TH STREET SUITE 620

City  
AUSTINState  
TXZIP Code  
78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here  Title  
Treasurer Date  
11/14/12 Area code and phone number  
415 283 4000

**Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐



TX2012

Ver. 3.0

05-102

(Rev. 9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196

■ Taxpayer number

■ Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.**

32041601041

2012

Taxpayer name

PATTERN OPERATORS LP

Mailing address

PIER 1, BAY 3

Secretary of State (SOS) file number or  
Comptroller file number

City

SAN FRANCISCO

State

CA

ZIP Code

94111

Plus 4

0801253780

☒ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

Principal place of business

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3204160104112

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
PATTERN ENERGY GROUP LP	MEMBER			
Mailing address	City	State	ZIP Code	
PIER 1, BAY 3	SAN FRANCISCO	CA	94111	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)

— Check box if you need forms to change

Agent: CORPORATION SERVICE COMPANY

— the registered agent or registered office information.

Office: 211 E. 7TH STREET SUITE 620

City  
AUSTINState  
TXZIP Code  
78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign  
here

Title

Transuace

Date

11/14/12

Area code and phone number

415 283 4000

**Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

TX2012

Ver. 3.0

05-102

(Rev.9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196

Taxpayer number

Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.**

270279717

2012

Taxpayer name

PATTERN GULF WIND EQUITY LLC

Mailing address

PIER 1, BAY 3

Secretary of State (SOS) file number or  
Comptroller file number

City

SAN FRANCISCO

State

CA

ZIP Code

94111

Plus 4

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

Principal place of business

PIER 1, BAY 3 SAN FRANCISCO, CA 94111

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



0270279717012

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
PATTERN ENERGY GROUP LP	MEMBER			
Mailing address	City	State	ZIP Code	
PIER 1, BAY 3	SAN FRANCISCO	CA	94111	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
PATTERN GULF WIND HOLDINGS LLC	DE		48.46%
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Check box if you need forms to change

Agent: CORPORATION SERVICE COMPANY

the registered agent or registered office information.

Office: 211 E. 7TH STREET SUITE 620

City: AUSTIN

State: TX

ZIP Code: 78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here

Title

Transueen

Date

11/14/12

Area code and phone number

415 253 4000

**Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

■ Reporting entity taxpayer number	■ Report year	Reporting entity taxpayer name
32039702439	2012	PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

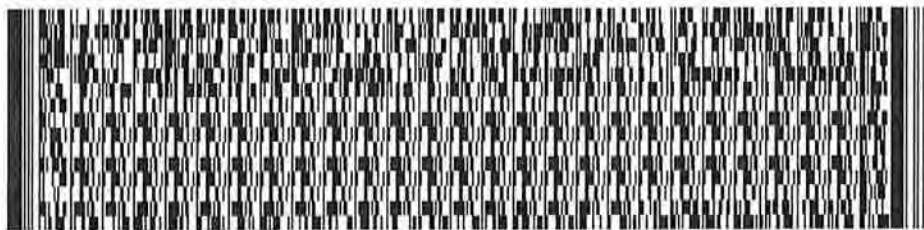
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
PATTERN ENERGY GROUP LP		32039702439		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		61753531 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
571502 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>		

1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
PATTERN ENERGY GROUP HOLDINGS LP		32039702397		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		36050 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>		

1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
G3 ENERGY, LLC		11342124333		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input checked="" type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>		

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



1062



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

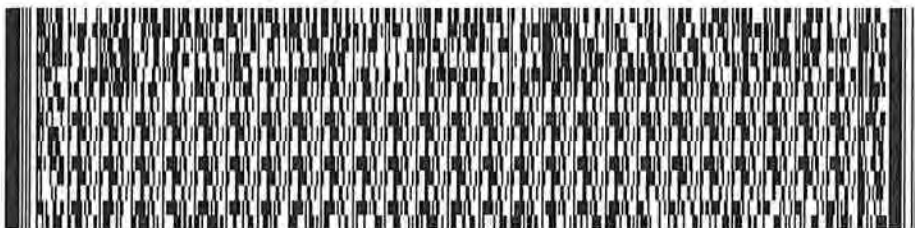
■ Reporting entity taxpayer number	■ Report year	Reporting entity taxpayer name
32039702439	2012	PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
MAJESTIC WIND POWER 2 LLC		32037567727		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input checked="" type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
NAVARRO GENERATING LLC		32034712607		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input checked="" type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
PATTERN PANHANDLE WIND LLC		32025738983		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input checked="" type="checkbox"/>		<input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

■ Reporting entity taxpayer number

■ Report year

Reporting entity taxpayer name

32039702439

2012

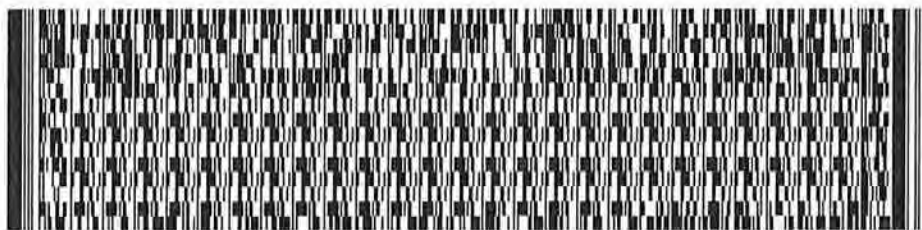
PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
SAND HILLS WIND POWER LLC		32017899256		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input checked="" type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
TEXAS GULF WIND 2 LLC		32039155034		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input checked="" type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN OPERATORS LP		32041601041		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		1473198 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
1473198 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



1062



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

Reporting entity taxpayer number

Report year

Reporting entity taxpayer name

32039702439	2012	PATTERN ENERGY GROUP LP
-------------	------	-------------------------

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

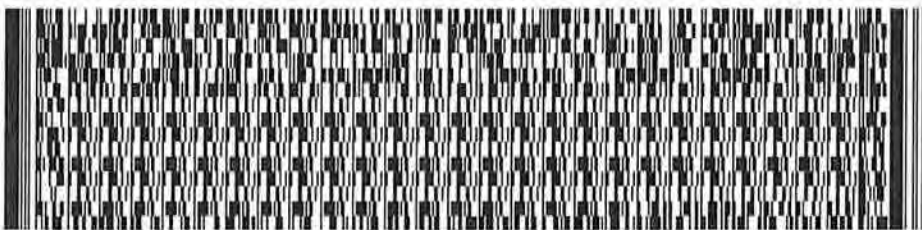
1. Legal name of affiliate PATTERN RENEWABLES DEVELOPMENT COMPANY LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000001		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 59050 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>		

1. Legal name of affiliate SPRING VALLEY WIND LLC		2. Affiliate taxpayer number (if none, use FEI number) 204055793		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>		

1. Legal name of affiliate TRES VAQUEROS WIND FARMS, LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000004		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 149973 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>		

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

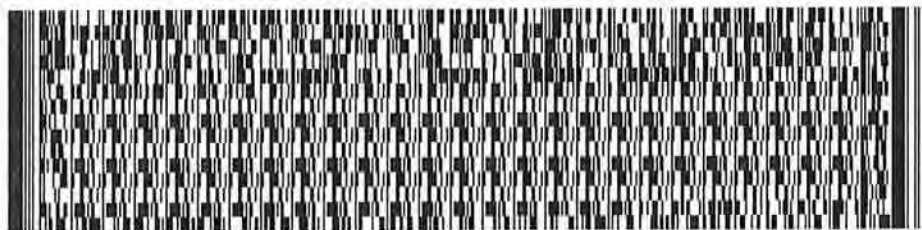
■ Reporting entity taxpayer number	■ Report year	Reporting entity taxpayer name
32039702439	2012	PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
RIPLEY-WESTFIELD WIND LLC		000000005		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
POLE CANYON WIND LLC		000000006		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
POLE CANYON TRANSMISSION INC.		264481956		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



1062

## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

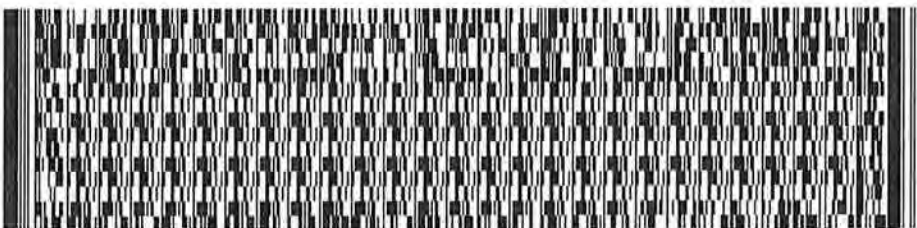
■ Reporting entity taxpayer number	■ Report year	Reporting entity taxpayer name
32039702439	2012	PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
CONCORD WIND POWER LLC		000000007		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
EL PASO WIND, LLC		000000008		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN PUERTO RICO WIND DEVELOPMENT LLC		000000009		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

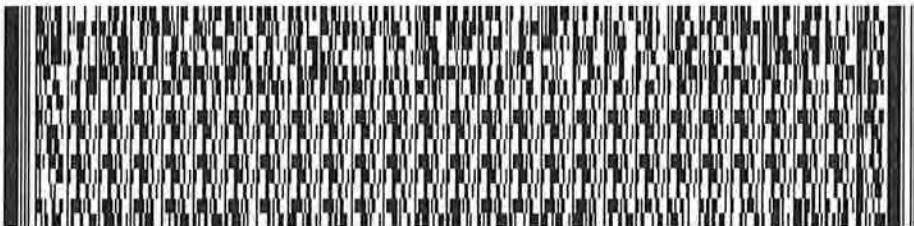
■ Reporting entity taxpayer number	■ Report year	Reporting entity taxpayer name
32039702439	2012	PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
ARAGONNE WIND II LLC		000000010		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
SELDON SEEN WIND LLC		000000012		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		9805 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate		■ 2. Affiliate taxpayer number (if none, use FEI number)		■ 3. Affiliate NAICS code	
HATCHET RIDGE WIND, LLC		000000012		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	■ 6. Affiliate reporting begin date m m d d y y		■ 7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
■ 8. Gross receipts subject to throwback in other states (before eliminations)		■ 9. Gross receipts everywhere (before eliminations)			
0 .00		28070615 .00			
■ 10. Gross receipts in Texas (before eliminations)		■ 11. Cost of goods sold or compensation (before eliminations)			
0 .00		20010613 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

■ Reporting entity taxpayer number

■ Report year

Reporting entity taxpayer name

32039702439

2012

PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate OCOTILLO EXPRESS LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000013		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

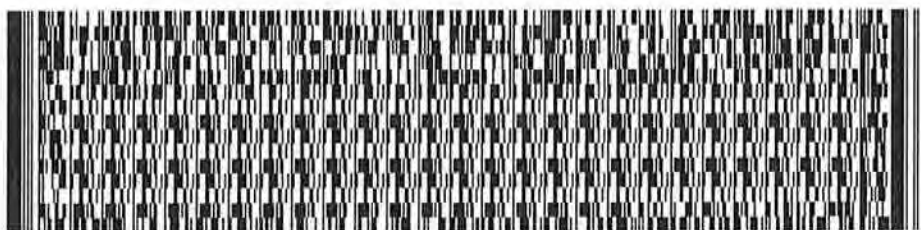
1. Legal name of affiliate MONROE WIND, LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000015		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

1. Legal name of affiliate PATTERN SANTA ISABEL LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000016		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



1062



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

Reporting entity taxpayer number

Report year

Reporting entity taxpayer name

32039702439

2012

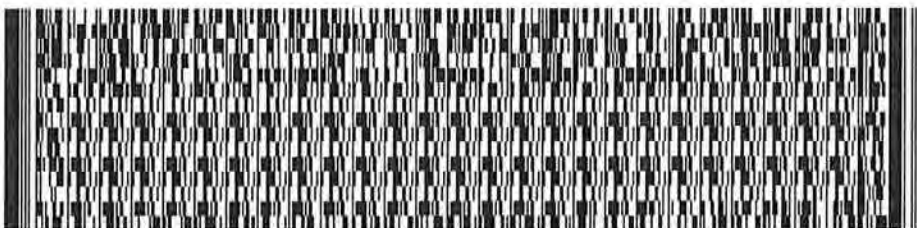
PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
YOLO WIND LLC		000000017		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN ARGENTINA HOLDINGS LLC		000000018		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN LATIN AMERICA LLC		000000019		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE

☐

FM

☐

1062



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

Reporting entity taxpayer number

Report year

Reporting entity taxpayer name

32039702439

2012

PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate PATTERN CHILE HOLDINGS LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000020		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 161010 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

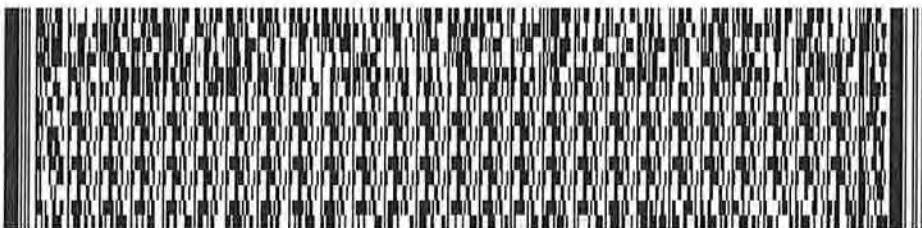
1. Legal name of affiliate PATTERN TRANSMISSION LP		2. Affiliate taxpayer number (if none, use FEI number) 000000021		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

1. Legal name of affiliate PATTERN RENEWABLES LP		2. Affiliate taxpayer number (if none, use FEI number) 000000022		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 28492 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

Reporting entity taxpayer number

Report year

Reporting entity taxpayer name

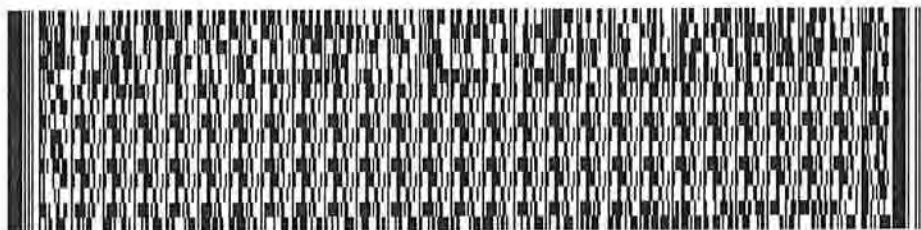
32039702439	2012	PATTERN ENERGY GROUP LP
-------------	------	-------------------------

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate PATTERN TRANSMISSION GP LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000023		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate CENTRAL VALLEY TRANSMISSION LINE LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000024		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate SOUTHERN CROSS TRANSMISSION LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000025		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



1062

## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

■ Reporting entity taxpayer number

■ Report year

Reporting entity taxpayer name

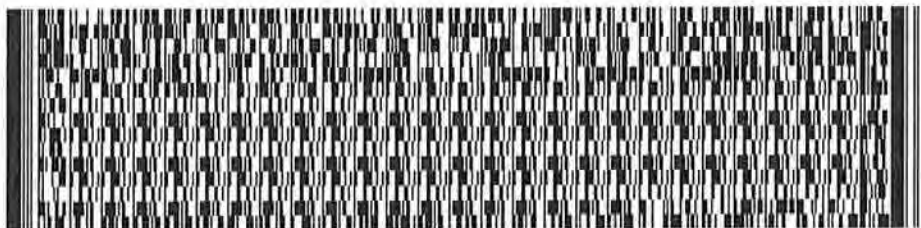
32039702439	2012	PATTERN ENERGY GROUP LP
-------------	------	-------------------------

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN POWER DEVELOPMENT COMPANY LLC		000000026		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
TBC SERVICES COMPANY LLC		000000027		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		56060 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN RENEWABLES GP LLC		000000028		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

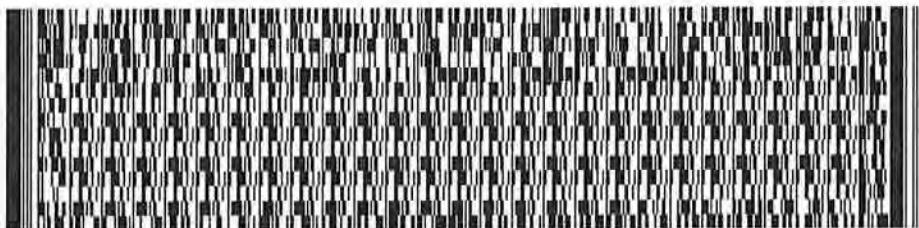
■ Reporting entity taxpayer number	■ Report year	Reporting entity taxpayer name
32039702439	2012	PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN OPERATORS GP LLC		000000029		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
RENEWABLES LEASE HOLDING COMPANY LLC		000000030		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
NAPG EMPLOYEE HOLDCO LLC		000000031		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------





## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

■ Reporting entity taxpayer number

■ Report year

Reporting entity taxpayer name

32039702439

2012

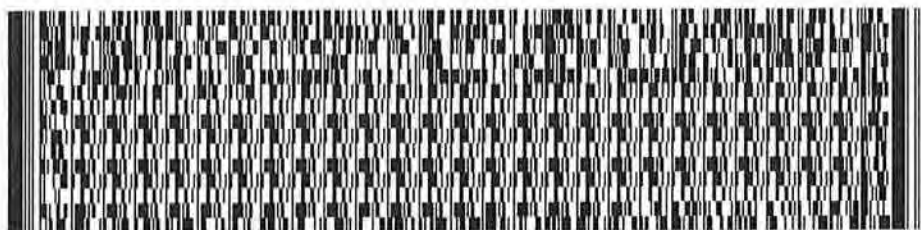
PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN GULF WIND EQUITY LLC		270279717		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input checked="" type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN ALTAMONT WIND LLC		000000032		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
PATTERN CUMBERLAND WIND LLC		000000033		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE



FM



1062

## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

Reporting entity taxpayer number

Report year

Reporting entity taxpayer name

32039702439

2012

PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

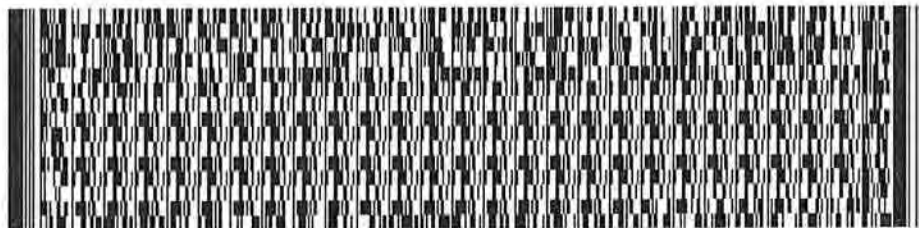
1. Legal name of affiliate HAWAII INTERISLAND CABLE HOLDINGS, LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000034		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

1. Legal name of affiliate HAWAII INTERISLAND CABLE, LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000035		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

1. Legal name of affiliate RUSK INTERCONNECTION, LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000036		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE



FM



1062

## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

Reporting entity taxpayer number

Report year

Reporting entity taxpayer name

32039702439

2012

PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

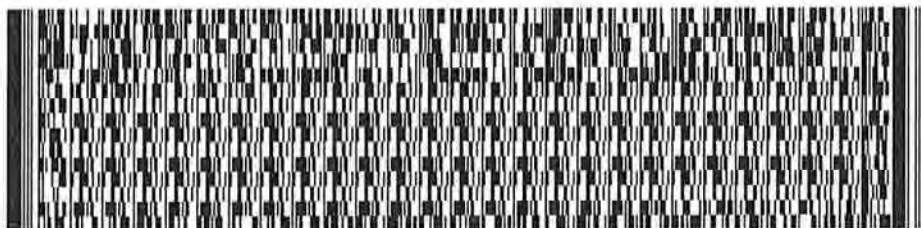
1. Legal name of affiliate MOLOKAI HOLDINGS LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000040		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0.00		9. Gross receipts everywhere (before eliminations) 0.00			
10. Gross receipts in Texas (before eliminations) 0.00		11. Cost of goods sold or compensation (before eliminations) 0.00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

1. Legal name of affiliate PATTERN WIND RESOURCES, LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000041		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0.00		9. Gross receipts everywhere (before eliminations) 0.00			
10. Gross receipts in Texas (before eliminations) 0.00		11. Cost of goods sold or compensation (before eliminations) 0.00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

1. Legal name of affiliate PATTERN POWER MARKETING LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000042		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0.00		9. Gross receipts everywhere (before eliminations) 0.00			
10. Gross receipts in Texas (before eliminations) 0.00		11. Cost of goods sold or compensation (before eliminations) 0.00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



1062

## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

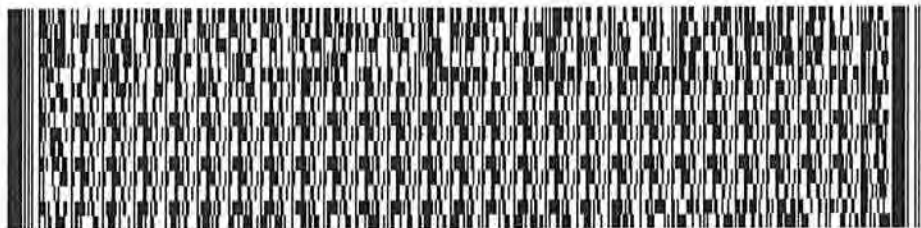
Reporting entity taxpayer number	Report year	Reporting entity taxpayer name
32039702439	2012	PATTERN ENERGY GROUP LP

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
NEVADA WIND HOLDINGS LLC		000000037		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
HAWAII RENEWABLES LLC		000000039		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			
1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
STATE LINE WIND POWER LLC		000000003		221100	
4. Check box if entity is disregarded for franchise tax	5. Check box if this affiliate does NOT have NEXUS in Texas	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	010111		123111	
8. Gross receipts subject to throwback in other states (before eliminations)		9. Gross receipts everywhere (before eliminations)			
0 .00		0 .00			
10. Gross receipts in Texas (before eliminations)		11. Cost of goods sold or compensation (before eliminations)			
0 .00		0 .00			
Check box if this is a Corporation or Limited Liability Company		Check box if this is an Entity other than a Corporation or Limited Liability Company			
<input type="checkbox"/>		<input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------





## Texas Franchise Tax Affiliate Schedule

Tcode 13253 ANNUAL

Reporting entity taxpayer number

Report year

Reporting entity taxpayer name

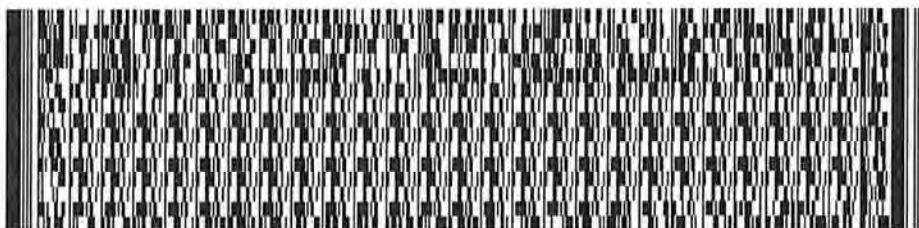
32039702439	2012	PATTERN ENERGY GROUP LP
-------------	------	-------------------------

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate SANTA ISABEL HOLDINGS LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000038		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate PATTERN RENEWABLES SUPPLY CO LLC		2. Affiliate taxpayer number (if none, use FEI number) 000000043		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input checked="" type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			
1. Legal name of affiliate PATTERN ENERGY GP LLC		2. Affiliate taxpayer number (if none, use FEI number) 270279666		3. Affiliate NAICS code 221100	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 010111		7. Affiliate reporting end date m m d d y y 123111	
8. Gross receipts subject to throwback in other states (before eliminations) 0 .00		9. Gross receipts everywhere (before eliminations) 0 .00			
10. Gross receipts in Texas (before eliminations) 0 .00		11. Cost of goods sold or compensation (before eliminations) 0 .00			
Check box if this is a Corporation or Limited Liability Company <input checked="" type="checkbox"/>		Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

The reporting entity of a combined group with a temporary credit for business loss carryforwards preserved for itself and/or affiliates must electronically submit common owner information online at [window.texas.gov/commonowner/](http://window.texas.gov/commonowner/). This information must be provided to satisfy franchise tax reporting requirements. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
-------	--------------------------	----	--------------------------



## Texas Franchise Tax Payment Form

■ Taxpayer number

■ Report year

Due date

32039702439

2012

11/15/2012

Taxpayer name

PATTERN ENERGY GROUP LP

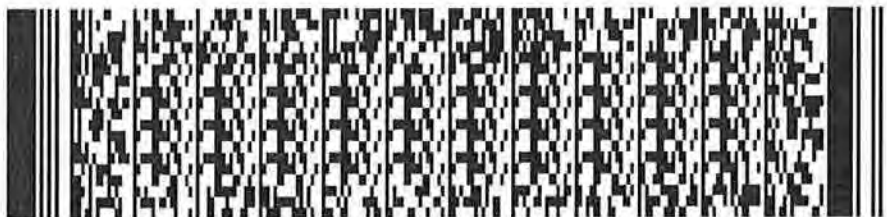
- |   |    |          |
|---|----|----------|
| 1. Total tax due on this report<br>(item 34 from Form 05-158-B or item 17 from Form 05-169)             | 1. | 14329.63 |
| 2. Enter prior payment (e.g. extension payment)   | 2. | 9000.00  |
| 3. Net tax due (item 1 minus item 2)  | 3. | 5329.63  |
| 4. Penalty (see instructions)   | 4. | 0.00     |
| 5. Interest (see instructions)  | 5. | 0.00     |
| 6. TOTAL AMOUNT DUE AND PAYABLE (Add items 3, 4 and 5) 6. ■<br>Make amount payable to TEXAS COMPTROLLER |    | 5329.63  |

Taxpayers who paid \$10,000 or more during the preceding fiscal year (Sept. 1 thru Aug. 31) are required to electronically pay their franchise tax. For more information visit [www.window.state.tx.us/webfile/req\\_franchise.html](http://www.window.state.tx.us/webfile/req_franchise.html).

Mail original to:  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714-9348

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. Instructions for each report year are online at [www.window.state.tx.us/taxinfo/taxforms/05-forms.html](http://www.window.state.tx.us/taxinfo/taxforms/05-forms.html).

## Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>						
PM Date	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						



**Texas Franchise Tax Ownership Information Report***To be filed by Entities other than Corporations, Limited Liability Companies or Financial Institutions***This report MUST be signed and filed to satisfy franchise tax requirements**

## ■ Taxpayer number

32039702439

## ■ Report year

2012

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name <u>PATTERN ENERGY GROUP LP</u>			Secretary of State file number or Comptroller file number	
Mailing address <u>PIER 1, BAY 3</u>			<u>0801133349</u>	
City <u>SAN FRANCISCO</u>	State <u>CA</u>	Country <u>USA</u>	ZIP Code <u>94111</u>	Plus 4


**SECTION A.** Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of 10 percent or more in this entity.

Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
<u>PATTERN ENERGY GROUP HOLDINGS LP</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mailing address <u>PIER 1, BAY 3</u>		FEI number <u>270279611</u>	Percentage of ownership <u>99.99</u>	
City <u>SAN FRANCISCO</u>	State <u>CA</u>	ZIP Code <u>94111</u>	Plus 4	
<u>PATTERN ENERGY GP LLC</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address <u>PIER 1, BAY 3</u>		FEI number <u>270279666</u>	Percentage of ownership <u>0.01</u>	
City <u>SAN FRANCISCO</u>	State <u>CA</u>	ZIP Code <u>94111</u>	Plus 4	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address		FEI number	Percentage of ownership	
City	State	ZIP Code	Plus 4	

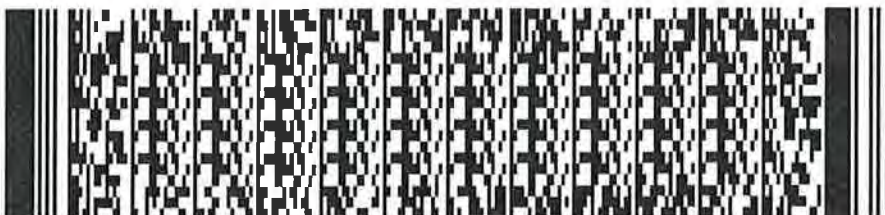
**SECTION B.** Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or entity <u>PATTERN TRANSMISSION LP</u>	State of formation <u>DE</u>	FEI number	Percentage of ownership <u>100.00</u>
Name of owned (subsidiary) corporation or entity <u>PATTERN TRANSMISSION GP LLC</u>	State of formation <u>DE</u>	FEI number	Percentage of ownership <u>100.00</u>
Registered agent and office, or agent for service of process (see instructions if you need to make changes) Agent: <u>CT CORPORATION SYSTEM</u>			
Office: <u>350 N. ST. PAUL ST. 2900</u>	City <u>DALLAS</u>	State <u>TX</u>	ZIP Code <u>75201</u> Plus 4

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.  
Use additional forms (05-167) for Sections A and B as necessary.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.			
sign here 	Title <u>Treasurer</u>	Date <u>11/14/12</u>	Area code and phone number <u>415 253 4000</u>

Mail original to:  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714-9348

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	OIR IND	<input type="checkbox"/>
-------	--------------------------	---------	--------------------------



**Texas Franchise Tax Ownership Information Report***To be filed by Entities other than Corporations, Limited Liability Companies or Financial Institutions***This report MUST be signed and filed to satisfy franchise tax requirements**

## ■ Taxpayer number

32039702439

## ■ Report year

2012

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name <u>PATTERN ENERGY GROUP LP</u>			Secretary of State file number or Comptroller file number	
Mailing address <u>PIER 1, BAY 3</u>			<u>0801133349</u>	
City <u>SAN FRANCISCO</u>	State <u>CA</u>	Country <u>USA</u>	ZIP Code <u>94111</u>	Plus <u>4</u>

**SECTION A.** Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of 10 percent or more in this entity.

Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
Mailing address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	State	FEI number	Percentage of ownership	
		ZIP Code	Plus 4	

Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
Mailing address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	State	FEI number	Percentage of ownership	
		ZIP Code	Plus 4	

Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
Mailing address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	State	FEI number	Percentage of ownership	
		ZIP Code	Plus 4	

**SECTION B.** Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of 10 percent or more.

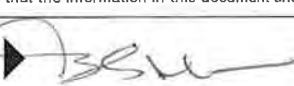
Name of owned (subsidiary) corporation or entity <u>PATTERN RENEWABLES LP</u>	State of formation <u>DE</u>	FEI number	Percentage of ownership <u>100.00</u>
Name of owned (subsidiary) corporation or entity <u>PATTERN RENEWABLES GP LLC</u>	State of formation <u>DE</u>	FEI number	Percentage of ownership <u>100.00</u>

Registered agent and office, or agent for service of process (see instructions if you need to make changes)  
Agent:

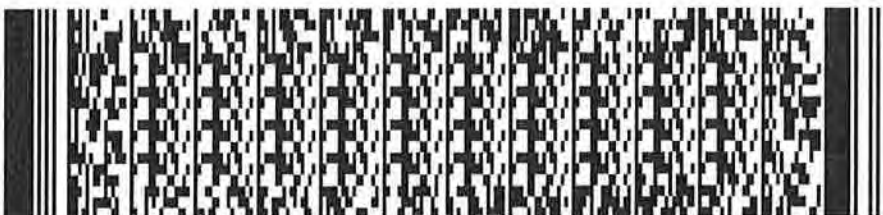
Office:	City	State	ZIP Code	Plus 4
---------	------	-------	----------	--------

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.  
Use additional forms (05-167) for Sections A and B as necessary.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.

sign here 	Title <u>Treasurer</u>	Date <u>11/14/12</u>	Area code and phone number <u>415 283 4000</u>
---	---------------------------	-------------------------	---

Mail original to:  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714-9348

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	OIR IND	<input type="checkbox"/>
-------	--------------------------	---------	--------------------------





**Texas Franchise Tax Ownership Information Report***To be filed by Entities other than Corporations, Limited Liability Companies or Financial Institutions***This report MUST be signed and filed to satisfy franchise tax requirements**

■ Taxpayer number

32039702439

■ Report year

2012

*You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.*

Taxpayer name <b>PATTERN ENERGY GROUP LP</b>			Secretary of State file number or Comptroller file number	
Mailing address <b>PIER 1, BAY 3</b>			<b>0801133349</b>	
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Country <b>USA</b>	ZIP Code <b>94111</b>	Plus 4

**SECTION A.** Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of 10 percent or more in this entity.

Name	What type of owner? (Check only one)	GENERAL PARTNER <input type="checkbox"/>	LIMITED PARTNER <input type="checkbox"/>	OTHER <input type="checkbox"/>
Mailing address		FEI number	Percentage of ownership	
City	State	ZIP Code	Plus 4	

Name	What type of owner? (Check only one)	GENERAL PARTNER <input type="checkbox"/>	LIMITED PARTNER <input type="checkbox"/>	OTHER <input type="checkbox"/>
Mailing address		FEI number	Percentage of ownership	
City	State	ZIP Code	Plus 4	

Name	What type of owner? (Check only one)	GENERAL PARTNER <input type="checkbox"/>	LIMITED PARTNER <input type="checkbox"/>	OTHER <input type="checkbox"/>
Mailing address		FEI number	Percentage of ownership	
City	State	ZIP Code	Plus 4	


**SECTION B.** Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or entity <b>PATTERN OPERATORS LP</b>	State of formation <b>DE</b>	FEI number	Percentage of ownership <b>100.00</b>
Name of owned (subsidiary) corporation or entity <b>PATTERN OPERATORS GP LLC</b>	State of formation <b>DE</b>	FEI number	Percentage of ownership <b>100.00</b>

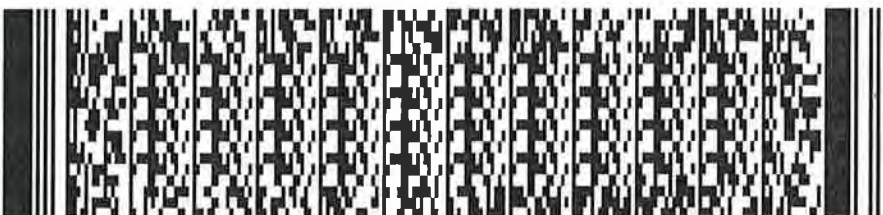
Registered agent and office, or agent for service of process (*see instructions if you need to make changes*)  
Agent:

Office:	City	State	ZIP Code	Plus 4
---------	------	-------	----------	--------

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.  
**Use additional forms (05-167) for Sections A and B as necessary.**

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.			
sign here 	Title <b>Treasurer</b>	Date <b>11/14/12</b>	Area code and phone number <b>415 283 4000</b>

**Mail original to:**  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714-9348

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	OIR IND	<input type="checkbox"/>
-------	--------------------------	---------	--------------------------



**Texas Franchise Tax Ownership Information Report***To be filed by Entities other than Corporations, Limited Liability Companies or Financial Institutions***This report MUST be signed and filed to satisfy franchise tax requirements**

*You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.*

■ Taxpayer number

■ Report year

32039702439

2012

Taxpayer name <b>PATTERN ENERGY GROUP LP</b>			Secretary of State file number or Comptroller file number	
Mailing address <b>PIER 1, BAY 3</b>			0801133349	
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Country <b>USA</b>	ZIP Code <b>94111</b>	Plus 4

**SECTION A.** Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of 10 percent or more in this entity.

Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
Mailing address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	State	FEI number	Percentage of ownership	
		ZIP Code	Plus 4	

Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
Mailing address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	State	FEI number	Percentage of ownership	
		ZIP Code	Plus 4	


Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
Mailing address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	State	FEI number	Percentage of ownership	
		ZIP Code	Plus 4	

**SECTION B.** Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of 10 percent or more.

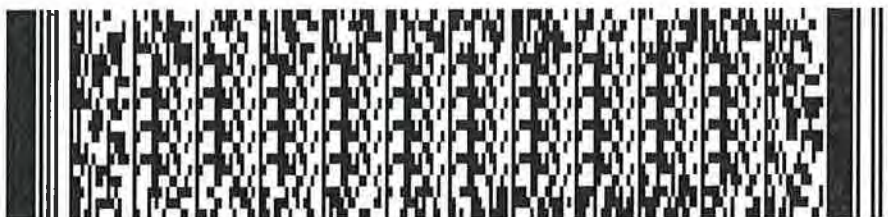
Name of owned (subsidiary) corporation or entity <b>NAEG EMPLOYEE HOLDCO LLC</b>	State of formation <b>DE</b>	FEI number	Percentage of ownership <b>100.00</b>
Name of owned (subsidiary) corporation or entity <b>RENEWABLES LEASING HOLDING COMPANY LLC</b>	State of formation <b>DE</b>	FEI number	Percentage of ownership <b>100.00</b>
Registered agent and office, or agent for service of process (see instructions if you need to make changes) Agent:			
Office:	City	State	ZIP Code Plus 4

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.  
**Use additional forms (05-167) for Sections A and B as necessary.**

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.

sign here 	Title <b>Treasurer</b>	Date <b>11/14/12</b>	Area code and phone number <b>415 283 4000</b>
---	---------------------------	-------------------------	---

**Mail original to:**  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714-9348

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	OIR IND	<input type="checkbox"/>
-------	--------------------------	---------	--------------------------



**Texas Franchise Tax Ownership Information Report**

To be filed by Entities other than Corporations, Limited Liability Companies or Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Taxpayer number

32039702397

■ Report year

2012

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name <b>PATTERN ENERGY GROUP HOLDINGS LP</b>			Secretary of State file number or Comptroller file number	
Mailing address PIER 1, BAY 3			0801133353	
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Country <b>USA</b>	ZIP Code <b>94111</b>	Plus 4


**SECTION A.** Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of 10 percent or more in this entity.

Name	What type of owner? (Check only one)	GENERAL PARTNER	LIMITED PARTNER	OTHER
<b>PATTERN ENERGY GROUP HOLDINGS GP LLC</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address <b>712 FIFTH AVENUE, 19TH FLOOR</b>		FEI number <b>270279520</b>	Percentage of ownership	
City <b>NEW YORK</b>	State <b>NY</b>	ZIP Code <b>10019</b>	Plus 4	
<b>R/C WIND II LP</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mailing address <b>712 FIFTH AVENUE, 51ST FLOOR</b>		FEI number <b>270563650</b>	Percentage of ownership <b>99.12</b>	
City <b>NEW YORK</b>	State <b>NY</b>	ZIP Code <b>10019</b>	Plus 4	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address		FEI number	Percentage of ownership	
City	State	ZIP Code	Plus 4	

**SECTION B.** Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or entity	State of formation	FEI number	Percentage of ownership
<b>PATTERN ENERGY GROUP LP</b>	<b>DE</b>	<b>270279717</b>	<b>99.99</b>
Name of owned (subsidiary) corporation or entity	State of formation	FEI number	Percentage of ownership
Registered agent and office, or agent for service of process (see instructions if you need to make changes)			
Agent: <b>CT CORPORATION SYSTEM</b>			
Office: <b>350 N ST. PAUL ST. 2900</b>	City <b>DALLAS</b>	State <b>TX</b>	ZIP Code <b>75201</b> Plus 4

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.  
Use additional forms (05-167) for Sections A and B as necessary.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.			
sign here 	Title <b>Treasurer</b>	Date <b>11/14/12</b>	Area code and phone number <b>415 253 4000</b>

Mail original to:  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714-9348

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	OIR IND	<input type="checkbox"/>
-------	--------------------------	---------	--------------------------





## **Attachments**

### **Checklist Item 4**

**Provide a detailed description of the scope of the proposed project, including, at a minimum, the type and planned use of real and tangible personal property, the nature of the business, a timeline for property construction or installation, and any other relevant information. (Use attachments as necessary)**

The proposed renewable energy (wind) Project will consist of up to 87 wind turbine generators, for a total capacity of up to 200 megawatts (MW), dependent upon the final arrangements with the power purchaser. The current plan is to utilize 2.3MW turbines. The project will cover up to approximately 11,000 acres of privately-owned land, all in Carson County, and all currently used as farmland or pasture (note that these agricultural uses can continue, as the Project is designed to be compatible with such activities). Construction is expected to commence in the fourth quarter of 2013, and be completed before year-end 2014. In addition to the wind turbine generators, the Project will also include an operations and maintenance building (which will be jointly owned and shared with the Pattern Panhandle Wind LLC project), a series of new access roads to the turbines, underground electrical collection cables, a substation, an overhead transmission line connecting to a switchyard at the Point of Interconnection to the new ERCOT transmission line, recently completed as part of the Competitive Renewable Energy Zone initiative. None of this property is covered under an existing appraisal district account number.

Over 200 construction workers are anticipated at peak of construction activity, and up to approximately 6 permanent, full-time workers are anticipated for the plant management and operations and maintenance functions.

**Describe the ability of your company to locate or relocate in another state or another region of the state.**

A wind energy project can be located in any state, or any county in the State, with a commercially viable wind resource, and access to transmission and an attractive market. The Applicant's parent company – Pattern Energy Group LP - currently has projects under development at viable sites in numerous states, as well as in Canada.



### **Checklist Item 5**

All of the wind turbines, along with the Project operations and maintenance building and a portion of the project electrical collection system and access road network are expected to be located in the Panhandle ISD. Note that the operations and maintenance building is expected to be jointly owned and shared with the adjacent Pattern Panhandle Wind Power LLC ("Panhandle 1") Project.

### **Checklist Item 6**

The qualified investment in Panhandle ISD is expected to include up to approximately 87 Siemens 2.3MW wind turbine generators (including 80 meter towers, nacelles, rotors with 108m rotor diameter, and reinforced concrete foundations), underground and overhead electric collection cables, access roads, an 80 meter tower for recording wind and weather information, and an operations and maintenance building of approximately 10,000 square feet. The O&M building will house replacement parts and equipment, maintenance supplies and the like, and will be jointly owned and shared with the Pattern Panhandle Wind LLC project.

**Checklist Item 7**

Confidential Map

## **Checklist Item 8**

See Checklist Item 6



## Checklist Item 9

Confidential Map

**Checklist Item 10**

Not Applicable

**Checklist Item 11**

Confidential Map

### **Checklist Item 12**

There are no existing improvements



### **Checklist Item 13**

The Project expects to create up to six qualifying jobs allocable to Panhandle ISD, as that term is defined in Section 313.021(3) of the Texas Tax Code. Section 313.025(f-1) of the Texas Tax Code permits a school district's board of trustees to make a finding that the job requirement could be waived if the job requirement exceeds industry standard for the number of employees reasonably necessary for the operation of the Facility of the property owner that is described in the Application.

The Applicant requests that the Panhandle Independent School District's Board of Trustees make such a finding and waive the job creation requirement. Based on the industry standard, the size and scope of the project will require less than ten permanent jobs.

Wind projects create a large number of part-time jobs during the construction phase, but require a small number of highly-skilled technicians to operate a wind project once construction is completed and commercial operations start. The permanent employees of a wind project maintain and service wind turbines, underground electrical connections, substations and other infrastructure associated with the safe and reliable operation of the Project. Based on its operating procedures, the Applicant typically staffs a wind farm in the ratio of one full-time employee for every 15 turbines, although this number can and does vary depending upon the turbine selected and the support and technical assistance offered by the turbine manufacturer. In addition to the onsite employees described above, there may be asset managers or technicians who supervise, monitor, and support wind project operations from offsite locations.

Thank you for your consideration of the requested waiver of the minimum job requirement.

**Checklist Item 14**  
**Calculation of Wage Requirements**

**2011 Manufacturing Wages by Council of Government Region**  
**Wages for All Occupations**

COG	Hourly	Annual
1. Panhandle Regional Planning Commission	\$19.32	\$40,196
$\$40,19 \times 1.10 = \$44,215.60$		

**No Manufacturing Data Available**










**All Jobs – All Industries**

Quarter	Year	Avg. Weekly Wages	Annualized
First	2012	\$1,382	\$71,864
Second	2012	\$1,523	\$79,196
Third	2012	\$1,312	\$68,224
Fourth	2012	<u>\$1,491</u>	<u>\$77,532</u>
		\$1,427	\$74,204
	X	<u>110%</u>	<u>110%</u>
		\$1,569.70	\$81,624.40

## Quarterly Employment and Wages (QCEW)

[Back](#)

Page 1 of 1 (40 results/page)

 Year	 Period	 Area	 Ownership	 Division	 Level	 Ind Code	 Industry	 Avg Weekly Wages
2012	1st Qtr	Carson County	Total All	00	0	10	Total, All Industries	\$1,382
2012	2nd Qtr	Carson County	Total All	00	0	10	Total, All Industries	\$1,523
2012	3rd Qtr	Carson County	Total All	00	0	10	Total, All Industries	\$1,312
2012	4th Qtr	Carson County	Total All	00	0	10	Total, All Industries	\$1,491

**Checklist Item 15**  
**Description of Employee Benefits**

- Medical, dental and vision insurance coverage
- Paid holidays
- Paid vacations
- 401k
- Short and Long term disability
- Life insurance
- Sick time
- Flexible spending accounts

**Checklist Item 16**

Not applicable, as Applicant is not providing an economic benefit analysis.



## Schedule A (Rev. May 2010): Investment

Applicant Name

Pattern Panhandle Wind 2 LLC

ISD Name

Panhandle Independent School District

Form 50-296

## PROPERTY INVESTMENT AMOUNTS

(Estimated investment in each year. Do not put cumulative totals.)

		Year	School Year (YYYY-YYYY)	Tax Year (Fill in actual tax year below) YYYY	Column A: Tangible Personal Property The amount of new investment (original cost) placed in service during this year	Column B: Building or permanent nonremovable component of building (annual amount only)	Column C: Sum of A and B Qualifying investment (during the qualifying time period)	Column D: Other investment that is not qualified investment but investment affecting economic impact and total value	Column E: Total Investment (A+B+D)
The year preceding the first complete tax year of the qualifying time period (assuming no deferrals)	Investment made before filing complete application with district (neither qualified property nor eligible to become qualified investment)								
	Investment made after filing complete application with district, but before final board approval of application (eligible to become qualified property)		2013-2014	2013					
	Investment made after final board approval of application and before Jan. 1 of first complete tax year of qualifying time period (qualified investment and eligible to become qualified property)								
	Complete tax years of qualifying time period	1	2014-2015		up to \$250,000,000		up to \$250,000,000		up to \$250,000,000
		2	2015-2016		0		0		
		3	2016-2017		0				
Tax Credit Period (with 50% cap on credit)	Value Limitation Period	4	2017-2018		0				
		5	2018-2019		0				
		6	2019-2020		0				
		7	2020-2021		0				
		8	2021-2022		0				
		9	2022-2023		0				
		10	2023-2024		0				
Credit Settle-Up Period	Continue to Maintain Viable Presence	11	2024-2025		0				
		12	2025-2026		0				
		13	2026-2027		0				
	Post- Settle-Up Period	14	2027-2028		0				
	Post- Settle-Up Period	15	2028-2029		0				

Qualifying Time Period usually begins with the final board approval of the application and extends generally for the following two complete tax years.

Column A: This represents the total dollar amount of planned investment in tangible personal property the applicant considers qualified investment - as defined in Tax Code §313.021(1)(A)-(D). For the purposes of investment, please list amount invested each year, not cumulative totals.

[For the years outside the qualifying time period, this number should simply represent the planned investment in tangible personal property].

Column B: Include estimates of investment for "replacement" property-property that is part of original agreement but scheduled for probable replacement during limitation period.

The total dollar amount of planned investment each year in buildings or nonremovable component of buildings that the applicant considers qualified investment under Tax Code §313.021(1)(E).

For the years outside the qualifying time period, this number should simply represent the planned investment in new buildings or nonremovable components of buildings.

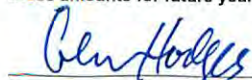
Column D: Dollar value of other investment that may not be qualified investment but that may affect economic impact and total value-for planning, construction and operation of the facility.

The most significant example for many projects would be land. Other examples may be items such as professional services, etc.

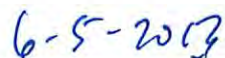
Note: Land can be listed as part of investment during the "pre-year 1" time period. It cannot be part of qualifying investment.

Notes: For advanced clean energy projects, nuclear projects, projects with deferred qualifying time periods, and projects with lengthy application review periods, insert additional rows as needed.

This schedule must be submitted with the original application and any application for tax credit. When using this schedule for any purpose other than the original application, replace original estimates with actual appraisal district data for past years and update estimates for current and future years. If original estimates have not changed, enter those amounts for future years.



SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE



DATE



**Schedule B (Rev. May 2010): Estimated Market And Taxable Value**  
**Pattern Panhandle Wind 2 LLC**

Applicant Name

ISD Name

Panhandle Independent School District

Form 50-296

					Qualified Property			Reductions from Market Value	Estimated Taxable Value	
		Year	School Year (YYYY-YYYY)	Tax Year (Fill in actual tax year) YYYY	Estimated Market Value of Land	Estimated Total Market Value of new buildings or other new improvements	Estimated Total Market Value of tangible personal property in the new building or "in or on the new improvement"	Exempted Value	Final taxable value for I&S - after all reductions	Final taxable value for M&O--after all reductions
		pre- year 1	2013-2014	2013		"up to" amount			"up to" amount	"up to" amount
	Complete tax years of qualifying time period	1	2014-2015	2014		250,000,000			250,000,000	250,000,000
		2	2015-2016	2015		237,500,000			237,500,000	237,500,000
	Value Limitation Period	3	2016-2017	2016		225,625,000			225,625,000	225,625,000
Tax Credit Period (with 50% cap on credit)		4	2017-2018	2017		214,343,750			214,343,750	214,343,750
		5	2018-2019	2018		203,626,563			203,626,563	203,626,563
		6	2019-2020	2019		193,445,234			193,445,234	193,445,234
		7	2020-2021	2020		183,772,973			183,772,973	183,772,973
		8	2021-2022	2021		174,584,324			174,584,324	174,584,324
		9	2022-2023	2022		165,855,107			165,855,107	165,855,107
		10	2023-2024	2023		157,562,352			157,562,352	157,562,352
Credit Settle-Up Period	Continue to Maintain Viable Presence	11	2024-2025	2024		149,684,235			149,684,235	149,684,235
		12	2025-2026	2025		142,200,023			142,200,023	142,200,023
		13	2026-2027	2026		135,090,021			135,090,021	135,090,021
Post- Settle-Up Period		14	2027-2028	2027		128,335,521			128,335,521	128,335,521
Post- Settle-Up Period		15	2028-2029	2028		121,918,745			121,918,745	121,918,745

Notes: Market value in future years is good faith estimate of future taxable value for the purposes of property taxation.

This schedule must be submitted with the original application and any application for tax credit. When using this schedule for any purpose other than the original application, replace original estimates with actual appraisal district data for past years and update estimates for current and future years. If original estimates have not changed, enter those amounts for future years.



SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

6-5-2013

DATE

### Schedule C- Application: Employment Information

**Applicant Name**  
**ISD Name**

Pattern Panhandle Wind 2 LLC  
Panhandle ISD

Form 50-296

					Construction		New Jobs		Qualifying Jobs	
		Year	School Year (YYYY-YYYY)	Tax Year (Fill in actual tax year) YYYY	Column A: Number of Construction FTE's or man- hours (specify)	Column B: Average annual wage rates for construction workers	Column C: Number of new jobs applicant commits to create (cumulative)	Column D: Average annual wage rate for all new jobs.	Column E: Number of qualifying jobs applicant commits to create meeting all criteria of Sec. 313.021(3) (cumulative)	Column F: Average annual wage of qualifying jobs
		pre- year 1	2013-2014	2013	22,050 man hours	\$52,000				
	Complete tax years of qualifying time period	1	2014-2015	2014	66,150 man hours	\$52,000	6	45,000	6	45,000
		2	2015-2016	2015			6	45,000	6	45,000
	Tax Credit Period (with 50% cap on credit)	3	2016-2017	2016			6	45,000	6	45,000
		4	2017-2018	2017			6	45,000	6	45,000
		5	2018-2019	2018			6	45,000	6	45,000
		6	2019-2020	2019			6	45,000	6	45,000
		7	2020-2021	2020			6	45,000	6	45,000
		8	2021-2022	2021			6	45,000	6	45,000
		9	2022-2023	2022			6	45,000	6	45,000
		10	2023-2024	2023			6	45,000	6	45,000
Credit Settle-Up Period	Continue to Maintain Viable Presence	11	2024-2025	2024			6	45,000	6	45,000
		12	2025-2026	2025			6	45,000	6	45,000
		13	2026-2027	2026			6	45,000	6	45,000
Post- Settle-Up Period		14	2027-2028	2027			6	45,000	6	45,000
Post- Settle-Up Period		15	2028-2029	2028			6	45,000	6	45,000

Notes: For job definitions see TAC §9.1051(14) and Tax Code §313.021(3).

This schedule must be submitted with the original application and any application for tax credit. When using this schedule for any purpose other than the original application, replace original estimates with actual appraisal district data for past years and update estimates for current and future years. If original estimates have not changed, enter those amounts for future years.



SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

6-5-2013

DATE



## Schedule D: (Rev. May 2010): Other Tax Information

Applicant

Name

Pattern Panhandle Wind 2 LLC

ISD Name

Panhandle ISD

Form 50-296

					Sales Tax Information		Franchise Tax	Other Property Tax Abatements Sought			
					Sales Taxable Expenditures		Franchise Tax	County	City	Hospital	Other
		Year	School Year (YYYY-YYYY)	Tax/ Calendar Year YYYY	Column F: Estimate of total annual expenditures* subject to state sales tax	Column G: Estimate of total annual expenditures* made in Texas NOT subject to sales tax	Column H: Estimate of Franchise tax due from (or attributable to) the applicant	Fill in percentage exemption requested or granted in each year of the Agreement	Fill in percentage exemption requested or granted in each year of the Agreement	Fill in percentage exemption requested or granted in each year of the Agreement	Fill in percentage exemption requested or granted in each year of the Agreement
The year preceding the first complete tax year of the qualifying time period (assuming no deferrals)			2013-2014	2013							
	Complete tax years of qualifying time period	1	2014-2015	2014			0				
		2	2015-2016	2015			0	100%			
		3	2016-2017	2016			0	100%			
		4	2017-2018	2017			0	100%			
		5	2018-2019	2018			0	100%			
		6	2019-2020	2019			72	100%			
		7	2020-2021	2020			210	100%			
		8	2021-2022	2021			210	100%			
		9	2022-2023	2022			209	100%			
		10	2023-2024	2023			208	100%			
		11	2024-2025	2024			202	100%			
		12	2025-2026	2025			189				
		13	2026-2027	2026			188				
	Post- Settle-Up Period	14	2027-2028	2027			188				
	Post- Settle-Up Period	15	2028-2029	2028			188				

\*For planning, construction and operation of the facility.

  
 SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

6-5-2012  
 DATE

**Checklist Item 21**

**Map of Reinvestment Zone**



**Exhibit B**  
**Map of Carson County Reinvestment Zone 7**

# Panhandle Wind Project

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

**Checklist Item 22**

**Resolution Establishing Reinvestment Zone**

**RESOLUTION OF THE COMMISSIONERS  
COURT OF CARSON COUNTY, TEXAS  
DESIGNATING CARSON COUNTY REINVESTMENT ZONE 7**

**A RESOLUTION DESIGNATING A CERTAIN AREA AS A REINVESTMENT ZONE  
FOR A COMMERCIAL/INDUSTRIAL TAX ABATEMENT IN CARSON COUNTY,  
TEXAS, ESTABLISHING THE BOUNDARIES THEREOF, AND PROVIDING FOR AN  
EFFECTIVE DATE.**

*Whereas*, the Commissioners Court of Carson County, Texas, desires to promote the development or redevelopment of a certain contiguous geographic area within its jurisdiction by the creation of a reinvestment zone as authorized by the Property Redevelopment and Tax Abatement Act, as amended (Texas Property Tax Code §312.001, *et seq.*), and the Guidelines and Criteria of the Commissioners Court of Carson County for Granting a Tax Abatement in Reinvestment Zone created in Carson County, Texas (the "Guidelines"); and

*Whereas*, on February 11, 2013, a hearing before the Commissioners Court of Carson County, Texas, was held, such date being at least seven (7) days after the date of publication of the notice of such public hearing in the local newspaper of general circulation in Carson County and the delivery of written notice to the respective presiding officers of each taxing entity that includes within its boundaries real property that is to be included in the proposed reinvestment zone; and

*Whereas*, the Commissioners Court of Carson County, Texas, at such public hearing invited any interested person to appear and speak for or against the creation of the reinvestment zone and whether all or part of the territory described should be included in the proposed reinvestment zone; and

*Whereas*, the proponents of the reinvestment zone offered evidence, both oral and documentary, in favor of all of the foregoing matters relating to the creation of the reinvestment zone and opponents, if any, of the reinvestment zone appeared to contest the creation of the reinvestment zone.

***BE IT RESOLVED BY THE COMMISSIONERS COURT OF CARSON COUNTY,  
TEXAS:***

Section 1. That the facts and recitations contained in the preamble of this Resolution are hereby found and declared to be true and correct.

Section 2. That the Commissioners Court of Carson County, Texas, after conducting such hearing and having heard such evidence and testimony, has made the following findings and determinations based on the evidence and testimony presented to it:

- a. That the public hearing on adoption of the reinvestment zone has been properly called, held and conducted and that notice of such hearing has been published as required by law and mailed to the respective presiding officers of the governing bodies and all taxing units overlapping the territory inside the proposed reinvestment zone; and
- b. That the boundaries of the reinvestment zone should be the area described in the attached Exhibit "A" and depicted in the map attached hereto as Exhibit "B", which are incorporated herein by reference for all purposes. In the event of discrepancy between the descriptions of Exhibit "A" and map in Exhibit "B", the map shall control; and
- c. That the creation of the reinvestment zone will result in benefits to Carson County, Texas, and to the land included in the zone and that the improvements sought are feasible and practical; and
- d. The reinvestment zone meets the criteria set forth in Texas Property Tax Code Chapter 312 for the creation of a reinvestment zone as set forth in the Property Redevelopment and Tax Abatement Act, as amended, and the Guidelines, in that it is reasonably likely as a result of the designation to contribute to the retention or expansion of primary employment or to attract investment in the zone that would be a benefit to the property and that would contribute to the economic development of Carson County, Texas, and that the entire tract of land is located entirely within an unincorporated area of Carson County, Texas.

**SECTION 3.** That pursuant to the Property Redevelopment and Tax Abatement Act, as amended, and the Guidelines, Carson County Commissioners Court hereby creates Carson County Reinvestment Zone 7, a reinvestment zone for commercial-industrial tax abatement encompassing only the area described in Exhibit "A" and depicted in Exhibit "B", and such reinvestment zone is hereby designated and shall hereafter be referred to as Carson County Reinvestment Zone 7.

**SECTION 4.** That Carson County Reinvestment Zone 7 shall take effect on February 11, 2013, and shall remain designated as a commercial-industrial reinvestment zone for a period of five (5) years from such date of designation, and may be renewed for an additional five (5) year period thereafter.


**SECTION 5.** That if any section, paragraph, clause or provision of this Resolution shall for any reason be held to be invalid or unenforceable, the invalidity or unenforceability of such section, paragraph, clause or provision shall not affect any of the remaining provisions of this Resolution.

**SECTION 6.** That it is hereby found, determined and declared that a sufficient notice of the date, hour, place and subject of the meeting of the Carson County Commissioners




Court at which this Resolution was adopted was posted at a place conveniently and readily accessible at all times as required by the Texas Open Government Act, Texas Government Code, Chapter 551, as amended, and that a public hearing was held prior to the designation of such reinvestment zone and that proper notice of the hearing was published in the official newspaper of general circulation within the County, and furthermore, such notice was in fact delivered to the presiding officers of any affected taxing entity as prescribed by the Property Redevelopment and Tax Abatement Act.

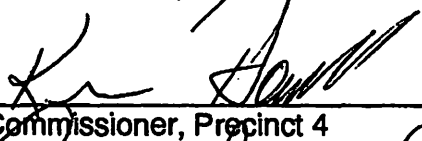
PASSED, APPROVED AND ADOPTED on this the 11<sup>th</sup> day of February, 2013.


  
\_\_\_\_\_  
County Judge

  
\_\_\_\_\_  
Commissioner, Precinct 1

  
\_\_\_\_\_  
Commissioner, Precinct 2

  
\_\_\_\_\_  
Commissioner, Precinct 3

  
\_\_\_\_\_  
Commissioner, Precinct 4

  
\_\_\_\_\_  
Celeste Bichsel, County Clerk

(County Seal)

**Exhibit A**  
**Legal Description of Carson County Reinvestment Zone 7**

Carson County Reinvestment Zone 7 is comprised of the following parcels. In the event of discrepancy between this Exhibit A and the attached map in Exhibit B, the map in Exhibit B shall control.

**EXHIBIT A**

**PROPERTY DESCRIPTIONS**

All of Sections 233, 234, 235, 236, 237, 238, 243, 244, 245, 246, 247 and 248, Block B2, H&GN RR Co. Survey, Carson County, Texas.

All of Sections 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, and 88, Block 7, I&GN RR Co. Survey, Carson County, Texas.

All of Sections 1, 2, 3, 4, 5, 6, 7, 8, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, and 96, Block 2, TT RR Co. Survey, Carson County, Texas.

All of Sections 1, 2, 3, 4, 17, 18, 19, 20, 21, 22, 23, 24, 41, 42 and 65, Block T, AB&M Survey, Carson County, Texas.

All of Sections 37, 38, 39, 40, 43 and 44, Block T, H&W Survey, Carson County, Texas.

All of Sections 57, 58, 59, 60, 61, 62, 63, and 64, Block T, BS&F Survey, Carson County, Texas.

All of Sections 1, 16, and 17, Block 3, AB&M Survey, Carson County, Texas.

All of Sections 2 and 3, Block 4, J H Gibson Survey, Carson County, Texas.

All of Sections 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26, Block S, H&GN RR Co. Survey, Carson County, Texas.

All of Section 1, Block 1, BS&F Survey, Carson County, Texas.

All of Section 2, Block 1, B&B Survey, Carson County, Texas.

All of Sections 31 and 32, Block Y-2, C&M Ry. Co. Survey, Carson County, Texas.

All of Sections 1, 2, 3, 4, 5, 6, 7 and 8, Block 5, B&B Survey, Carson County, Texas.

All of Sections 11 and 12, Block Y-2, B&B Survey, Carson County, Texas.

All of Sections 10, 23 and 24, Block Y-2, TT RR Co. Survey, Carson County, Texas.

All of Sections 1 and 2, Block Y-2, BS&F Survey, Carson County, Texas.

All of Sections 2, 3, 4, 5, 8, 9, 10, 13, 14, 15, 16, 19 and 20, Block 3, AB&M Survey, Carson County, Texas.

All of Sections 21 and 22, Block Y-2, AB&M Survey, Carson County, Texas.

All of Sections 27, 28, 29 and 30, Block Y-2, TC Ry. Co. Survey, Carson County, Texas.

All of Sections 25 and 26, Block Y-2, CB & CNG Ry. Co. Survey, Carson County, Texas.

**Exhibit B**  
**Map of Carson County Reinvestment Zone 7**



## Panhandle Wind Project

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

**Checklist Item 23**

**Legal Description of Reinvestment Zone**

**Exhibit A**  
**Legal Description of Carson County Reinvestment Zone 7**

Carson County Reinvestment Zone 7 is comprised of the following parcels. In the event of discrepancy between this Exhibit A and the attached map in Exhibit B, the map in Exhibit B shall control.

**EXHIBIT A**

**PROPERTY DESCRIPTIONS**

All of Sections 233, 234, 235, 236, 237, 238, 243, 244, 245, 246, 247 and 248, Block B2, H&GN RR Co. Survey, Carson County, Texas.

All of Sections 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, and 88, Block 7, I&GN RR Co. Survey, Carson County, Texas.

All of Sections 1, 2, 3, 4, 5, 6, 7, 8, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, and 96, Block 2, TT RR Co. Survey, Carson County, Texas.

All of Sections 1, 2, 3, 4, 17, 18, 19, 20, 21, 22, 23, 24, 41, 42 and 65, Block T, AB&M Survey, Carson County, Texas.

All of Sections 37, 38, 39, 40, 43 and 44, Block T, H&W Survey, Carson County, Texas.

All of Sections 57, 58, 59, 60, 61, 62, 63, and 64, Block T, BS&F Survey, Carson County, Texas.

All of Sections 1, 16, and 17, Block 3, AB&M Survey, Carson County, Texas.

All of Sections 2 and 3, Block 4, J H Gibson Survey, Carson County, Texas.

All of Sections 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26, Block S, H&GN RR Co. Survey, Carson County, Texas.

All of Section 1, Block 1, BS&F Survey, Carson County, Texas.

All of Section 2, Block 1, B&B Survey, Carson County, Texas.

All of Sections 31 and 32, Block Y-2, C&M Ry. Co. Survey, Carson County, Texas.

All of Sections 1, 2, 3, 4, 5, 6, 7 and 8, Block 5, B&B Survey, Carson County, Texas.

All of Sections 11 and 12, Block Y-2, B&B Survey, Carson County, Texas.

All of Sections 10, 23 and 24, Block Y-2, TT RR Co. Survey, Carson County, Texas.

All of Sections 1 and 2, Block Y-2, BS&F Survey, Carson County, Texas.

All of Sections 2, 3, 4, 5, 8, 9, 10, 13, 14, 15, 16, 19 and 20, Block 3, AB&M Survey, Carson County, Texas.

All of Sections 21 and 22, Block Y-2, AB&M Survey, Carson County, Texas.

All of Sections 27, 28, 29 and 30, Block Y-2, TC Ry. Co. Survey, Carson County, Texas.

All of Sections 25 and 26, Block Y-2, CB & CNG Ry. Co. Survey, Carson County, Texas.



## **Checklist Item 24**

### **Reinvestment Zone Guidelines**

IN THE CARSON COUNTY COMMISSIONERS COURT  
CARSON COUNTY, TEXAS

A RESOLUTION  
EXPRESSING THE INTENT OF THE COUNTY TO  
PARTICIPATE IN TAX ABATEMENT AGREEMENTS AND  
ESTABLISHING GUIDELINES FOR SUCH AGREEMENTS

Pursuant to Chapter 312 of the Texas Tax Code, Carson County may consider an application for tax abatement, designate a reinvestment zone and enter into a tax abatement agreement in accordance with these Guidelines and Criteria. It is the express intent of the Carson County Commissioners Court to promote economic development, but not at the expense of the County's natural resources or services provided to the general public. No application submitted under the following schedule deemed to have a substantially adverse effect on natural resources in the County or on County infrastructure (including roads and bridges) will be approved, unless the applicant can demonstrate just cause for such an exception.

I. Abatement Application Procedure

- A. Who May Apply. Any present or potential owner of taxable real property or interest in real property in Carson County may submit an application for tax abatement conforming to the requirements herein.

B. Eligible Improvements. Improvements eligible for abatement are limited to alternative and renewable energy and power facilities. Alternative or renewable energy and power facilities are the buildings and structures including fixed machinery and equipment used to produce electric power from a renewable or non-depletable power source.

C. Eligible Property. Abatement may be granted for the following property: new, expanded or modernized buildings and structures, fixed machinery and equipment; site improvements; other tangible items necessary to the operation and administration of the project or facility; and all other real and tangible personal property permitted by Chapter 312 of the Texas Tax Code. Taxes on real property may be abated only to the extent the property's value for a given year exceeds its value for the year in which the agreement is executed. Tangible personal property located on the real property at any time before the period covered by the agreement is not eligible for abatement. Tangible personal property eligible for abatement shall not include inventory or supplies.

Property in a reinvestment zone that is owned or leased by a member of the County Commissioners Court is excluded from property tax abatement.

D. Application Provisions. The application shall consist of a completed Carson County Tax Abatement Application Form, which shall contain the following:

- (1) information showing how the project meets the requirements of the criteria outlined in Section II below;
- (2) a map and description of the property;
- (3) a time schedule for completing the planned improvements;

- (4) the estimated taxable value or range of values of the project or facility; and
- (5) basic financial information about the applicant sufficient to enable evaluation of the application=s financial capacity.

E. Procedure for Consideration of Application. The procedure for consideration by the County of a Tax Abatement Application is as follows:

- (1) An applicant may request a Tax Abatement Application form from the County Clerk or County Attorney.
- (2) After an applicant completes the Tax Abatement Application, the application must provide a copy to each member of the Carson County Commissioner=s Court and the County Clerk and the County Attorney.
- (3) The Commissioners Court shall issue a determination at any time before the expiration of sixty (60) days from the date of receipt of the application regarding how to proceed with the application. The Commissioners Court shall choose either to deny the application, consider the application or consider the application on an expedited basis.
  - a. *Denial of Application.* If the Commissioners Court chooses to deny the application, it shall make a finding by majority vote at a regularly scheduled meeting that, after balancing the criteria described below in Section II, it is the judgment of the Commissioners Court that the

application should be denied.

- b. *Consideration of Application.* If the County determines that the application should be further considered, the Commissioners Court must hold a public hearing to obtain public input on the application. Not later than the seventh (7<sup>th</sup>) day before the date of the hearing, notice of the hearing must be (1) delivered in writing to the presiding officer of each taxing unit that includes in its boundaries real property that is to be included in the proposed reinvestment zone, and (2) published in a newspaper of general circulation in the County. At the hearing, the Commissioners Court evaluates the application against the criteria in Section II and decides by majority vote whether to designate the property for which the abatement is sought as a reinvestment zone. If the reinvestment zone is not designated, the application fails, although it may be amended and resubmitted. If the reinvestment zone is designated, the Commissioners Court shall pass an order to that effect. An order designating an area as a reinvestment zone is valid for five (5) years from the date of designation. Once the area is designated as a reinvestment zone, the Commissioners Court may then arrange to consider for approval of the tax abatement agreement between the applicant and the County at its next regularly scheduled meeting. At least seven days prior to entering into a tax abatement agreement, the County must give written notice of its intent to do so to the presiding officer of each taxing unit that includes in its boundaries real property that is to be included in the proposed reinvestment zone, along with a copy of the proposed tax abatement agreement. At the regularly scheduled meeting, the

Commissioners Court may finally vote by simple majority to enter into the tax abatement agreement, or to decline. An approved tax abatement agreement may be executed in the same manner as other contracts made by the County. A tax abatement agreement that is declined by the County may be amended and resubmitted to the County.

- c. Expedited Consideration of Application. If the County determines that the application should receive an expedited consideration, the Commissioners Court may combine the steps described in the preceding paragraph into a single, regularly scheduled meeting of the Commissioners Court, provided the County meets the procedural prerequisites for each step.

F. Confidentiality. As required by Chapter 312.003 of the Texas Tax Code, information that is provided to Carson County in connection with an application or request for tax abatement under this chapter and that described the specific processes or business activities to be conducted or the equipment or other property to be located on the property for which tax abatement is sought is confidential and not subject to public disclosure until the tax abatement agreement is executed.

G. Effect of Error or Variance with Application Procedure. Except where not allowed by state law, the County may waive application procedures or grant procedural variances as they deem appropriate.

## II. Criteria for Designating a Reinvestment

---

Carson County

A Resolution re: Tax Abatement, Page 5



## Zone and Evaluating Tax Abatement Agreement

- A. Minimum Requirements. To be designated a reinvestment zone, County Commissioners must find by majority vote that the designation would contribute to the retention or expansion of primary employment or would attract major investment in the zone that would be a benefit to the property and that would contribute to the economic development of the County.
- B. Criteria. In determining whether to designate a reinvestment zone and whether to enter into a tax abatement agreement, the Commissioners Court shall consider the following factors, among others determined appropriate by the Court:
- (1) the current value of land and existing improvements, if any;
  - (2) the type, value and purpose of proposed improvements, if any;
  - (3) the productive life of proposed improvements;
  - (4) the impact of proposed improvements and any other proposed expenditures on existing jobs;
  - (5) the number and type of new jobs, of any, to be created by proposed improvements and expenditures;
  - (6) any costs to be incurred by Carson County, if any, to provide facilities or services directly resulting from the new improvements;
  - (7) the types and values of public improvements, if any, to be made by applicant seeking abatement;
  - (8) an estimate of the amount of ad valorem property taxes to be paid to Carson County after expiration of the abatement agreement;
  - (9) the impact on the business opportunities of existing businesses and the attraction

---

Carson County

A Resolution re: Tax Abatement, Page 6

- of new businesses to the area; if any;
- (10) the overall compatibility with the zoning ordinances and comprehensive plan, if any, for the area;
  - (11) whether the applicant's proposed facility or improvement or modernization is an industry which is new to Carson County;
  - (12) the impact upon County infrastructure including roads, bridges and the use of County services; and
  - (13) the impact upon depletion of natural resources of the County.

### III. Format for Tax Abatement Agreement

A. Required Provisions. If the Carson County Commissioners Court designates a reinvestment zone, it may consider and execute a tax abatement agreement with the owner of the designated property as outlined above. Any tax abatement agreement shall include at least the following provisions:

- (1) the kind, number and location of all proposed improvements of the property;
- (2) provisions allowing for reasonable access to the property for initial and intermittent inspection purposes by County employees or designated representatives to ensure improvements are made in compliance with the agreement;
- (3) provisions limiting the use of the property consistent with the general purpose of encouraging development or redevelopment of the area during the period of the abatement;
- (4) provisions for recapturing property tax revenue lost as a result of the agreement if the owner of the property fails to make the improvements or repairs as provided

---

Carson County

A Resolution re: Tax Abatement, Page 7

in the agreement;

- (5) each term agreed to by the recipient of the abatement;
- (6) a requirement that the abatement recipient certify its compliance with the agreement annually to each taxing unit that is a party to the agreement; and
- (7) provisions allowing the County to cancel or modify the agreement if the recipient fails to comply with the agreement.

B. Optional Provisions. The tax abatement agreement may also contain any or all of the following items, in addition to any others deemed appropriate by the contracting parties:

- (1) the estimated taxable value or range of values for which taxes are to be abated;
- (2) the percent of value to be abated each year;
- (3) the commencement and termination dates of the abatement;
- (4) the proposed use of the property;
- (5) a time schedule, map and property designation;
- (6) contractual obligations in the event of default or violation of terms or conditions;
- (7) the size of investment and number of temporary and permanent jobs involved, if any;
- (8) provisions for dispute resolution.

C. Duration and Portion of Abatement. A tax abatement agreement granted by Carson County shall be up to but not exceeding ten (10) years in duration and up to but not exceeding 100 percent (100%) in portion of ad valorem property taxes abated. At any time before the expiration of the agreement, the parties may agree to modify the agreement or to delete provisions that were not necessary to the original agreement.

---

Carson County

A Resolution re: Tax Abatement, Page 8

The same procedural prerequisites for approval of the original agreement apply to modification of the agreement.

- D. Time Limit. Such agreement shall be executed with thirty (30) days after the passage of the resolution approving the agreement, unless the County and the applicant mutually agree otherwise.

#### IV. General Provisions

These guidelines and criteria in no way require the County to enter into any specific tax abatement agreement. The County maintains the discretion to reject any application for tax abatement as it deems appropriate.

#### V. Sunset and Amendment of Guidelines and Criteria

These guidelines and criteria are effective upon the date of their adoption and will remain in force for two (2) years, unless amended by a three-fourths (3/4) vote of the Carson County Commissioners Court.

UNANIMOUSLY ADOPTED the 14th day of January, 2013.

Lewis Powers

County Judge

---

Carson County

A Resolution re: Tax Abatement, Page 9

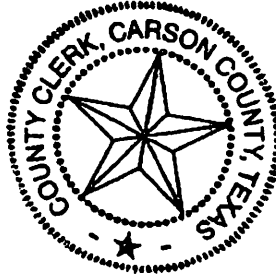
ATTEST:

Celeste Brichsel

County Clerk

by: Geoffa Cates

Deputy



---

Carson County

A Resolution re: Tax Abatement, Page 10