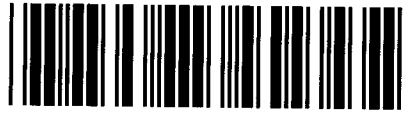




Control Number: 43885



Item Number: 1

Addendum StartPage: 0

Certification Form for Renewable Energy Credit Generators

Information about Generating Unit(s)

1.	Facility Name or Description	Green Pastures Wind II
2.	Street Address or Legal Geographical Location	4092 CR 140 Seymour, Texas 76380
3.	Name of Owner	Green Pastures Wind II, LLC
4.	Owner PUC Registration (for Subst. Rule §25.109)	
5.	On-site Contact Person (if applicable)	Michael Kreuzman, Site Construction Manager
6.	On-site Telephone Number (if applicable)	(812) 264-3592 (mobile)
7.	Type of Renewable Generating Technology	<input type="checkbox"/> Biomass <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Solar <input checked="" type="checkbox"/> Wind <input type="checkbox"/> Other (specify):
8.	Fossil Fuels Used (if any)	Not applicable
9.	TNRCC Air Permit Number (if any)	Not applicable
10.	Meters (ISO Numbers or Other Identifiers)	A meter has not yet been assigned
11.	Percentage to be Subtracted from Annual Metered Generation	0%
12.	Metered Generation Eligible for Renewable Energy Credits (in MW)	150 MW

RECEIVED
 2014 DEC -3 PM 1:41
 TARRANT COUNTY CLERK

13.	<p>Please complete the following for each generating unit operating at this facility. Include additional pages as necessary. For sites with large numbers of individual units, complete the attachment entitled "List of Generating Units at Facility" and enter "See attached list" in the first three blanks of this section. For older units upgraded and repowered after Sept. 1999, include one page describing the unit before the upgrade, and another page describing the incremental addition to capacity resulting from the upgrade.</p>	
Manufacturer	See attached list	
Serial Number(s)	See attached list	
Date Commercial Operation Began / Will Begin	See attached list	
Total Rated Nameplate Capacity	150 MW	
Is this a fossil fuel unit that has been or will be repowered to use a renewable fuel?	Yes _____ No <input checked="" type="checkbox"/>	
Is this unit developed as part of an emissions reduction project described in Health and Safety Code §382.05193, that is being used to satisfy the permit requirements in Health and Safety Code §382.0519?	Yes _____ No <input checked="" type="checkbox"/>	
<p>If the generating unit is owned by or under contract to a utility, an electric cooperative, municipally-owned utility, competitive retailer, or river authority, is any portion of this unit's above-market costs included in the rates of any utility, municipally owned utility or distribution cooperative through base rates, a power cost recovery factor, stranded cost recovery mechanism or any other fixed or variable rate element charged to end users?</p>	Yes _____ No <input checked="" type="checkbox"/>	
<p>If the answer is "yes" at the date this application is filed, state the date when the answer would become "no." Provide documentation to support this change of status.</p>	Date _____	
Does this unit qualify for Renewable Energy Credit Offsets?	Yes _____ No <input checked="" type="checkbox"/>	

Name, Mailing Address and Telephone of Generating Facility Owner

Green Pastures Wind II, LLC
Attention: Kathryn Rasmussen
c/o Capital Dynamics, Inc.
645 Madison Avenue, 19th Floor
New York, NY 10022
(212) 798-3400


Name, Mailing Address and Telephone of Owner's Designated Representative

Green Pastures Wind II, LLC
Attention: Michael Kreuzman, Site Construction Manager
4092 CR 140
Seymour, Texas 76380
(812) 264-3592

Name, Mailing Address and Telephone of Alternate Representative

Green Pastures Wind II, LLC
Attention: Gary Newton, Owner Site Manager
4092 CR 140
Seymour, Texas 76380
(910) 378-6868

I certify that I have reviewed and will comply with the provisions in Section 14, "Renewable Energy Credit Trading Program" of the ERCOT Protocols. I certify that the information presented in this Certification Form is correct. I further certify that the generating facility owner (or designated representative) shall inform the Project Administrator of any change that renders the information contained in this certification obsolete, and that such notification will be provided in writing no later than 30 days after the change is discovered by the owner.


John Breckenridge
Owner of Generating Facility or Designated Representative

11/13/14
Date

List of Generating Units at Facility

Manufacturer and Make	Serial Number(s)	Date Commercial Operation Began/Begins	Capacity per Unit (in MW)	Number of Units	Capacity (in MW)
Acciona AW 116/3000	<small>Serial numbers have not yet been assigned</small>	August 1, 2015	3.0 MW	50	150

