

## DOCKETED

<b>Docket Number:</b>	16-HERS-01
<b>Project Title:</b>	HERS Providers' Application for the 2016 Standards
<b>TN #:</b>	220027
<b>Document Title:</b>	greenNet Registry LLC Confidential Exhibit K - Certificates of Good Standing, WY & CA
<b>Description:</b>	Exhibit K is not deemed confidential.
<b>Filer:</b>	Patty Paul
<b>Organization:</b>	greenNet Registry LLC
<b>Submitter Role:</b>	Applicant
<b>Submission Date:</b>	5/31/2017 12:27:46 PM
<b>Docketed Date:</b>	5/31/2017

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

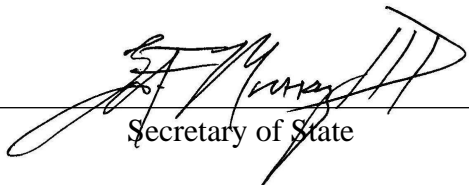
**greenNet Registry LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 23, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000739955**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of March, 2017 at 1:56 PM. This certificate is assigned 022410924.



  
Secretary of State



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

LLC-12

124

**FILED**  
**Secretary of State**  
**State of California**

MAR 29 2017

**IMPORTANT — Read instructions before completing this form.**

**Filing Fee — \$20.00**

**Copy Fees —** First page \$1.00; each attachment page \$0.50;  
 Certification Fee — \$5.00 plus copy fees

25/20/CC

**This Space For Office Use Only**

1. <b>Limited Liability Company Name</b> (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.) greenNet Registry LLC	
2. <b>12-Digit Secretary of State File Number</b> 201707910195	3. <b>State, Foreign Country or Place of Organization</b> (only if formed outside of California) Wyoming

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 1712 PIONEER AVE STE 500	City (no abbreviations) Cheyenne	State WY	Zip Code 82001
b. Mailing Address of LLC, if different than item 4a 3525 Del Mar Heights Road #370	City (no abbreviations) San Diego	State CA	Zip Code 92130
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box 3525 Del Mar Heights Road #370	City (no abbreviations) San Diego	State CA	Zip Code 92130

**5. Manager(s) or Member(s)**

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete item 5b John	Middle Name P	Last Name Carrieri	Suffix
b. Entity Name - Do not complete item 5a			
c. Address 12523 El Camino Real Unit D	City (no abbreviations) San Diego	State CA	Zip Code 92130

**6. Service of Process** (Must provide either individual OR Corporation.)

**INDIVIDUAL —** Complete items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) John	Middle Name P	Last Name Carrieri	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 12523 El Camino Real Unit D	City (no abbreviations) San Diego	State CA	Zip Code 92130

**CORPORATION —** Complete item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b
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**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company Energy Management Services
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**8. Chief Executive Officer, if elected or appointed**

a. First Name John	Middle Name P	Last Name Carrieri	Suffix
b. Address 3525 Del Mar Heights Road #370	City (no abbreviations) San Diego	State CA	Zip Code 92130

**9. The Information contained herein, including any attachments, is true and correct.**

March 24, 2017

Date

John Carrieri

Type or Print Name of Person Completing the Form

Manager

Title

*John Carrieri*  
 Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: John CARRIERI  
 Company:  
 Address: 3525 Del Mar Heights Rd.  
 City/State/Zip: L #370  
 San Diego, CA 92130