# EXHIBIT A

## APPLICANT INFORMATION

OAR 345-021-0010(1)(a)

### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1</td>
<td>APPLICANT AND CONTACT PERSON</td>
<td>A-1</td>
</tr>
<tr>
<td>A.2</td>
<td>PARTICIPATING ENTITIES</td>
<td>A-1</td>
</tr>
<tr>
<td>A.3</td>
<td>CORPORATION STATUS</td>
<td>A-2</td>
</tr>
<tr>
<td>A.4</td>
<td>OWNERSHIP</td>
<td>A-2</td>
</tr>
<tr>
<td>A.5</td>
<td>ADDITIONAL APPLICANT INFORMATION</td>
<td>A-2</td>
</tr>
</tbody>
</table>

### ATTACHMENT

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>Articles of Organization</td>
</tr>
</tbody>
</table>
A.1  APPLICANT AND CONTACT PERSON

**OAR 345-021-0010(1)(a)(A)** The name and address of the applicant including all co-owners of the proposed facility, the name, mailing address, email address and telephone number of the contact person for the application, and if there is a contact person other than the applicant, the name, title, mailing address, email address and telephone number of that person;

**Response:** The Applicant’s full name and address are as follows:

Troutdale Energy Center, LLC
11 Martine Avenue, 9th Floor
White Plains, NY 10606

Proof of registration to do business in the State of Oregon is provided in Attachment A-1 as Articles of Organization.

The Applicant is a wholly owned subsidiary of the following entity:

Development Partners Funding I, LLC
11 Martine Avenue, 9th Floor
White Plains, NY 10606

The name, mailing address, email address, and telephone number of the contact person for the Applicant are as follows:

Robert C. Howard
11 Martine Avenue, 9th Floor
White Plains, NY 10606
(914) 468-2406
bhoward@developmentpartners.com

Contact persons other than the Applicant are as follows:

Paul Seilo, AICP
CH2M HILL, Inc.
2020 SW Fourth Avenue, Suite 300
Portland, OR 97201
(503) 736-4012
paul.seilo@ch2m.com

Stoel Rives, LLP
900 SW Fifth Avenue, Suite 2600
Portland, OR 97204
(503) 294-9517
defilippi@stoel.com

A.2  PARTICIPATING ENTITIES

**OAR 345-021-0010(1)(a)(B)** The contact name, mailing address, email address and telephone number of all participating persons, other than individuals, including but not limited to any parent corporation of the applicant, persons upon whom the applicant will rely for third-party permits or approvals related to the facility, and, if known, other persons upon whom the applicant will rely in meeting any facility standard adopted by the Council.

**Response:** The Applicant is a wholly owned subsidiary of the entity described above in response to OAR 345-021-0010(1)(a)(A). Third-party permit entities are not known at this time, nor is the Applicant aware of any other party upon whom the Applicant will rely in meeting Council standards.
A.3 CORPORATION STATUS

OAR 345-021-0010(1)(a)(C) If the applicant is a corporation, it shall give:

(i) The full name, official designation, mailing address, email address and telephone number of the officer responsible for submitting the application;

(ii) The date and place of its incorporation;

(iii) A copy of its articles of incorporation and its authorization for submitting the application; and

(iv) In the case of a corporation not incorporated in Oregon, the name and address of the resident attorney-in-fact in this state and proof of registration to do business in Oregon.

Response: The Applicant is a limited liability company and not a corporation. Therefore, this rule is not applicable.

A.4 OWNERSHIP

OAR 345-021-0010(1)(a)(D) If the applicant is a wholly owned subsidiary of a company, corporation, or other business entity, in addition to the information required by paragraph (C), it shall give the full name and business address of each of the applicant’s full or partial owners.

Response: The Applicant is a wholly owned subsidiary of Development Partners Funding I, LLC, which is a Delaware limited liability company. The address is as follows:

Development Partners Funding I, LLC
11 Martine Avenue, 9th Floor
White Plains, NY 10606

A.5 ADDITIONAL APPLICANT INFORMATION

OAR 345-021-0010(1)(a)(E) If the applicant is an association of citizens, a joint venture or a partnership, it shall give:

(i) The full name, official designation, mailing address, email address and telephone number of the person responsible for submitting the application;

(ii) The name, business address and telephone number of each person participating in the association, joint venture or partnership and the percentage interest held by each;

(iii) Proof of registration to do business in Oregon;

(iv) A copy of its articles of association, joint venture agreement or partnership agreement and a list of its members and their cities of residence; and (v) if there are no articles of association, joint venture agreement or partnership agreement, the applicant shall state that fact over the signature of each member.

(v) If there are no articles of association, joint venture agreement or partnership agreement, the applicant shall state that fact over the signature of each member.

Response: The Applicant is a limited liability company and not an association of citizens, a joint venture, or a partnership. Therefore, this rule is not applicable.

OAR 345-021-0010(1)(a)(F) If the applicant is a public or governmental entity, it shall give:

(i) The full name, official designation, mailing address, email address and telephone number of the person responsible for submitting the application; and

(ii) Written authorization from the entity’s governing body to submit an application.

Response: The Applicant is a limited liability company and not a public or governmental entity. Therefore, this rule is not applicable.
OAR 345-021-0010(1)(a)(G) If the applicant is an individual, the individual shall give his or her mailing address, email address and telephone number.

Response: The Applicant is a limited liability company and not an individual. Therefore, this rule is not applicable.

OAR 345-021-0010(1)(a)(H) If the applicant is a limited liability company, it shall give:

(i) The full name, official designation, mailing address, email address and telephone number of the person responsible for submitting the application;

(ii) The date and place of its formation

(iii) A copy of its articles of organization and its authorization for submitting the application; and

(iv) In the case of a limited liability company not registered in Oregon, the name and address of the resident attorney-in-fact in this state and proof of registration to do business in Oregon.

Response: The name, official designation, mailing address, email address, and telephone number of the person responsible for submitting the application are as follows:

Robert C. Howard, Authorized Representative
11 Martine Avenue, 9th Floor
White Plains, NY 10606
(914) 468-2406
bhoward@developmentpartners.com

Troutdale Energy Center, LLC was formed on July 13, 2011 in the State of Delaware and was authorized to transact business in the State of Oregon on October 11, 2011. A copy of the Troutdale Energy Center, LLC articles of organization and its authorization for conducting business in Oregon is provided in Attachment A-1.
ATTACHMENT A-1

Articles of Organization
CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

A Limited Liability Company
authorized to transact business under the laws of
Delaware
was authorized to transact business in Oregon
as
TROUTDALE ENERGY CENTER, LLC
on
October 11, 2011.

I further certify that
TROUTDALE ENERGY CENTER, LLC
is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

By Robin L. Conard
Robin L. Conard
October 11, 2011

Come visit us on the internet at http://www.filinginoregon.com
FAX (503) 378-4381
Application for Authority to Transact Business - Foreign Limited Liability Company

REGISTRY NUMBER: 805972-98

For office use only
accompany with Oregon Revised Statutes 162.410-162.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

Please type or print legibly in black ink. Attach additional sheet if necessary.

1) NAME: Troutdale Energy Center, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name on the Certificate of Existence. See #3.

2) STATE OR COUNTRY OF ORGANIZATION:

Delaware

Date of Organization: 07/13/2011

3) CERTIFICATE OF EXISTENCE:

☐ A certificate of existence, current within 90 days of delivery to this Division, authenticated by the official having custody of the organization, is attached.

☐ Latest date upon which the entity is to dissolve is

☐ Or

☐ Duration shall be perpetual.

4) DURATION: (Please check one.)

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

6) NAME OF OREGON REGISTERED AGENT:

Corporation Service Company

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

285 Liberty Street NE

Salem, OR 97301

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

11 Martins Avenue, Fl. 9

White Plains, NY 10606

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

11 Martins Avenue, Fl. 9

White Plains, NY 10606

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

☐ This LLC will be member-managed by one or more members.

☒ This LLC will be manager-managed by one or more managers.

11) EXECUTION: (At least one member or manager must sign.)

By my signature, I declare, as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Mailing false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: ____________________________

Printed Name: Willard Ladd

Title: Authorized Representative

Fees

Required Processing Fee: $270

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

TROUTDALE ENERGY CENTER, LLC

110 - Application for Authority to Transact Business - Foreign Limited Liability Company

80597298-13009502 NEWAUT

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TROUTDALE ENERGY CENTER, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.