



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 MAY 19 AM 10:56

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

The Workplace Advisor, PLLC

2. The complete street and mailing addresses of the initial designated office:

4874 E. Dry Kiln Ct.

(Street Address)  
Boise, Idaho 83716

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Anne Wilde

(Name)

4874 E. Dry Kiln Ct. Boise, ID 83716

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

Anne Wilde, Managing Member

4874 E. Dry Kiln Ct., Boise, Idaho 83716

5. Mailing address for future correspondence (annual report notices):

4874 E. Dry Kiln Ct., Boise, Idaho 83716

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Law

Signature of a manager, member or authorized person.

Signature Anne B. Wilde

Typed Name: Anne B. Wilde

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2015 05:00

CK:3464 CT:257368 BH:1476131

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