

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT - 1 AM 10: 13

SECRETARY OF STATE  
STATE OF IDAHO

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

Renee O. Bild, PLLC

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

1718 W. Jefferson St  
(Street Address)

Boise Id 83702-3949  
(Mailing Address, if different than street address)

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

Renee O. Bild  
(Name)

8552 W. Pool Ct. Boise Id 83714  
(Street Address)

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

Renee O. Bild  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8552 W. Pool Ct. Boise Id 83714  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

8552 W. Pool Ct. Boise Id 83714  
\_\_\_\_\_

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: Clinical Social Work  
\_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Renee O. Bild

Typed Name:

Renee O. Bild

Signature

Typed Name:

Secretary of State use only

IDaho SECRETARY OF STATE  
10/01/2012 05:00  
CX: 2353 CT: 274619 BH: 1341941  
1 @ 100.00 = 100.00 PROF LLC # 2

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