

~~FILED EFFECTIVE~~



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

09 OCT -8 AM 8:36

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

- 1. The name of the limited liability company is:**

Wild Rock LLC

- 2. The complete street and mailing addresses of the initial designated/principal office:**

417 N. Henry St. #1, Post Falls, ID 83854

(Street Address)

Same

(Mailing Address, if different than street address)

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

Kelsey Wilder

(Name)

417 N. Henry St. #1, Post Falls, ID 83854

(Street Address)

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

Name

Answers

Kelsey Wilder

417 N. Henry St. #1, Post Falls, ID 83854

Donna Wilder

5999 Lacewood Lane, Post Falls, ID 83854

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

Wild Rock LLC, 417 N. Henry St. #1, Post Falls, ID 83854

- 6. Future effective date of filing (optional):**

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Kelsey Wilder

Signature

Typed Name:

Donna Wilder

Secretary of State use only

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Revised 07/2008

ID#NO SECRETARY OF STATE
 10/08/2009 05:00
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