



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT -8 AM 8:36

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

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

(Name)

(Street Address)

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

Name

Address

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

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Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
10/08/2009 05:00
CX: 1581 CT: 232062 BH: 1190391
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