



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

12 APR -2 AM 9:09

1. The name of the limited liability company is:

Wild Online Solutions, LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

2729 N. Azure Dr., Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Cora Lynn Wild

(Name)

2729 N. Azure Dr., Idaho Falls, ID 83401

(Street Address)

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

**Name**

**Address**

Cora Lynn Wild

2729 N. Azure Dr., Idaho Falls, ID 83401

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

2729 N. Azure Dr., Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Cora Lynn Wild*

Typed Name: Cora Lynn Wild

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/02/2012 05:00  
CK: 2869 CT: 268796 BH: 1317847  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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