

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAR 22 PM 4: 47

·		LUNCTARY OF STATE	
The name of the limited liability company is:		STATE OF IDAHO	
	BARCLAY AND WILDE, CPA	's LLC	
2. The complete street and 207 W. 6TH ST, EMMETT, I	mailing addresses of the initia ID 83617	al designated office:	
(Mailing Address, if different than s	dreet address)		
•	street address of the registere	ed agent:	
Rob Wilde		207 W. 6TH ST, EMMETT, ID 83617	
(Name)	(Street Address)	(Street Address)	
The name and address of company:	of at least one member or man	nager of the limited liability	
<u>Name</u>		<u>Address</u>	
Rob Wilde	207 W. 6TH ST, EM	207 W. 6TH ST, EMMETT, ID 83617	
	<u></u>		
5. Mailing address for future 207 w. 6TH ST, EMMETT, II	e correspondence (annual rep	ort notices):	
6. Future effective date of f	îling (optional):		
Signature of a manager, n	nember or authorized		
person.	_	Secretary of State use only	
Signature 1.2. Wa	26		
Typed Name: ROB WILDE		IDAHO SECKETARY OF STATE 03/22/2012 05:00	
Signature		CK: 2411 CT: 121688 BH: 1316475 1 0 100.00 = 100.00 ORGAN LLC # 2	
Typed Name:		110221	
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