

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 JUL 29 AM 10: 56

	(Instructions on back of a	pplication)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability compan	y is:	
		Enterprises LLC	
2.	The complete street and mailing address	ses of the initial designate	ed/principal office:
		norama Drive	
		ow, ID 83843	
	(Malling Address, If different than street address)		
3.	The name and complete street address of the registered agent:		
	Nancy Jo Elsbury	same as abo	ve
		eet Address)	•
	The name and address of at least one mompany:	nember or manager of the	limited liability
	Name	Address	
	Nancy Jo Elsbury	same aş abo	ve .
		•	<u> </u>
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-			
5. N	Mailing address for future correspondence		•
	sam	e as above	
? E	Future effective date of filing (optional):		1
J. 1	utule checure auto et ming (optional).		
iana	ature of organizer(s). (An organizer is a mem	ber, or is	
-	in behalf of a member or members).		ary of State use only
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•	d Name: No Assure	ş	
ype	d Name: Nathor To Electry	Revised Office Con Inc. PM	w 85765
Signa	ature	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DOTAGE SECRETARY OF STATE
-	d Name:	The state of the s	288876 CT: 172899 05:
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