## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of applications 27



The name of the <del>professional</del> limited lia	ability company is: WASHAKTE MANAGEMENT LLC
The professional limited liability compa of: WHOLESALE SALES OF VITAMIN AND	any is organized for the practice of the profession(s
The address of the initial registered offi	ice is 1510 MANITOU, BOISE, ID 83706
	(not a PO Box)
initial registered agent at that address	, and the name of the
Solution of agent at that address	IS JOE SWENSON
Signature of registered agent:	100WWsoc
Cho loto et data hadata a la la la la	
	ofessional limited liability company will dissolve is:
DEC	CEMBER 31, 2026
✓ Yes management is vested in one or more	ompany vested in a manager or managers?  No (check appropriate box)  e manager(s), list the name(s) and address(es) of a
☐ Yes  management is vested in one or more east one initial manager. If manageme ddress(es) of at least one member.  Name:	No (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:
✓ Yes  f management is vested in one or more east one initial manager. If management ddress(es) of at least one member.  Name:	No (check appropriate box) e manager(s), list the name(s) and address(es) of a ent is vested in the members, list the name(s) and
Tyes  management is vested in one or more east one initial manager. If manageme ddress(es) of at least one member.  Name:	No (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:
☐ Yes  management is vested in one or more east one initial manager. If manageme ddress(es) of at least one member.  Name:	No (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:
☐ Yes  management is vested in one or more east one initial manager. If manageme ddress(es) of at least one member.  Name:	No (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:
☐ Yes  management is vested in one or more east one initial manager. If manageme ddress(es) of at least one member.  Name:	No (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:
management is vested in one or more east one initial manager. If management ddress(es) of at least one member.  Name:  NOE SWENSON	No (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:  P.O. BOX 492, EAGLE ID 83616
management is vested in one or more ast one initial manager. If management ddress(es) of at least one member.  Name:  Noe Swenson  gnature(s) of at least one person lister	No (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:  P.O. BOX 492, EAGLE ID 83616
management is vested in one or more ast one initial manager. If management ddress(es) of at least one member.  Name:  Noe Swenson  gnature(s) of at least one person lister	e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:  P.O. BOX 492, EAGLE ID 83616  d in #6  Secretary of State use and secretary of State use use and
management is vested in one or more east one initial manager. If management ddress(es) of at least one member.  Name:  NOE SWENSON  gnature(s) of at least one person lister	e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and Address:  P.O. BOX 492, EAGLE ID 83616  d in #6  Secretary of State use and secretary of State use use and
management is vested in one or more east one initial manager. If management ddress(es) of at least one member.  Name:  NOE SWENSON  gnature(s) of at least one person lister	c manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and address:  P.O. BOX 492, EAGLE ID 83616  Secretary of State and Selectary of Sta
Yes  f management is vested in one or more east one initial manager. If management iddress(es) of at least one member.	Mo (check appropriate box)  e manager(s), list the name(s) and address(es) of a cent is vested in the members, list the name(s) and  Address:  P.O. BOX 492, EAGLE ID 83616   Secretary of State Here Selection of State Here Selection (DATE 12/30/1996 0900)