ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILLTY **ርርሃምል**NY



To the Secretary of State of Idaho RETARY OF STATE Statehouse, Boise, Idaho 83720 STATE OF IDAHO

| The name of the professional limited lia | ability company is: <u>Enterprise of Idaho</u> |
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| Limited Liability Company | ** |
| The prefessional limited liability compared: Wholesale sale of all | ny is organized for the practice of the profession(s) L types of merchandise |
| The address of the initial registered office and the state of the initial registered of the init | ce is 2333 North 1000 East, Sugar City (mol a PO Box) , and the name of the |
| initial registered agent at that address i | s Ron Spicer |
| Signature of registered agent: | 20 Spicer |
| The latest date certain on which the pre- December 31, 2094 | lessional limited liability company will dissolve is: |
| \ | |
| ⅓ Yes | mpany vested in a manager or managers? No (check appropriate box) |
| Yes If management is vested in one or more in least one initial manager. If management address(es) of at least one member. | ☐ No (check appropriate box) manager(s), list the name(s) and address(es) of at it is vested in the members, list the name(s) and |
| Yes If management is vested in one or more in least one initial manager. If management | ☐ No (check appropriate box) manager(s), list the name(s) and address(es) of at |
| If management is vested in one or more releast one initial manager. If management address(es) of at least one member. Name: | ☐ No (check appropriate box) manager(s), list the name(s) and address(es) of at a list vested in the members, list the name(s) and Address: |
| If management is vested in one or more releast one initial manager. If management address(es) of at least one member. Name: | ☐ No (check appropriate box) manager(s), list the name(s) and address(es) of at all is vested in the members, list the name(s) and Address: 1372 Cedar Lake Drive |
| If management is vested in one or more releast one initial manager. If management address(es) of at least one member. Name: Ron Spicer ignature(s) of at least one person listed | Mo (check appropriate box) manager(s), list the name(s) and address(es) of at a sested in the members, list the name(s) and Address: 1372 Cedar Lake Drive Ashton, Idaho 83420 |
| If management is vested in one or more is least one initial manager. If management address(es) of at least one member. Name: Ron Spicer | in #6 Check appropriate box) Interpolate the propriete box and address (es) of all all is vested in the members, list the name(s) and address: Address: Address: Ashton, Idaho 83420 Secretary of State upgqqq223 0900 SCK \$: 6464 CUST |
| If management is vested in one or more releast one initial manager. If management address(es) of at least one member. Name: Ron Spicer ignature(s) of at least one person listed | In the manual of |
| If management is vested in one or more releast one initial manager. If management address(es) of at least one member. Name: Ron Spicer ignature(s) of at least one person listed | in #6 CORP (check appropriate box) (and address(es) of at address(es) of at address(es) and address(es) and address(es) and address(es) and address(es) of at address(es) and address(es) and address(es) and address(es) of at address(es) and address(es) of at address(es) and address(es) and address(es) and address(es) of at address(es) and add |