CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

VIII.	(Instructions or	n back of application)
1.	CUISMAY 29 AM O. CO	
	Sweet Bit's Bakery, LLC.	OFOS A TOTAL STATE
2.	The complete street and mailing addresses of the initial designated office: 469 W 470 N Shoshone, ID 83352	
	(Street Address)	
	(Mailing Address, if different than street add	dress)
3.	The name and complete street address of the registered agent:	
	Sonja M. Jackson	469 W 470 N Shoshone, ID 83352
	(Name)	(Street Address)
4.	The name and address of at le company:	ast one member or manager of the limited liability
	<u>Name</u> Sonja M. Jackson	<u>Address</u> 469 W 470 N Shoshone, ID 83352
	-	
5 N	Apiling oddrona for for	
J. N	469 W 470 N Shoshone, ID 83352	spondence (annual report notices):
,		
6. F	uture effective date of filing (op	otional):
Signa perso	ature of a manager, member n.	or authorized
Ciana	ture_ Ponk II factors.	Secretary of State use only
yped	Name: Sohja M. Jackson	
Signat	ture	
Typed	Name:	IDAHO SECRETARY OF STATE 95.29/2013 05:00
		05/29/2013 05:00 CK: 2134 CT: 283648 BH: 1375784 1 @ 100.00 = 100.00 ORGAN LLC # 2

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