

Signature \_\_\_ Typed Name: \_

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2912 JUN - 1 AM 8: 57

## FILED EFFECTIVE

4	(Instructions on ba	
1.	The name of the limited liability c	sompany is:  SECRE ARY OF STATE STATE OF IDAHO
	•	Sticky Sweet Honey LLC
•		-
2.	11151 Deerridge Drive, Poctello, ID 83	addresses of the initial designated office: 202
	(Street Address)	
	(Mailing Address, if different than street address	)
3.	The name and complete street address of the registered agent:	
	Edward Glines	11151 Deerridge Drive, Pocatello, ID 83202
	(Name)	(Street Address)
		:
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	<u>Address</u>
	Edward Glines	11151 Deerridge Drive, Pocatello, ID 83202
5.	Mailing address for future correspondence (annual report notices):	
	11151 Deerridge Drive, Pocatello, ID 83	3202
6.	Future effective date of filing (opti-	onal):
-	nature of a manager, member of	or authorized
POI		Secretary of State use only
Sigi	nature Schward Dime	<u> </u>
Тур	ed Name: Edward Glines	

IDAHO SECRETARY OF STATE
06/01/2012 05:00
CK: 1347 CT: 271088 BH: 1326468
1 0 100.00 = 100.00 ORGAN LLC # 2

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