



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2015 JUN 30 AM 9:58

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Sugar Lips LLC

2. The complete street and mailing addresses of the initial designated office:

259 Snow Creek Rd Priest River ID 83856  
 (Street Address)

PO Box 3502 Oldtown, ID 83822

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Colleen M. Dice

(Name)

259 Snow Creek Rd Priest River ID 83856

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name
Address
Paul C. Dice
53 Four Mile Lane Newport, WA 99156

5. Mailing address for future correspondence (annual report notices):

PO Box 3502 Oldtown, ID 83822

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Colleen M. Dice

Signature

Paul C. Dice

Secretary of State use only

IDAHO SECRETARY OF STATE

06/30/2015 05:00

CK:2619 CT:311934 BH:1482003

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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