

251



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG -6 PM 3:43

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Reed Com, LLC

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

2277 North 35 West, Idaho Falls, Idaho, 83402

(Street Address)

(Mailing Address, if different than street address)

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

Bryon L. Reed

(Name)

2277 North 35 West, Idaho Falls, Idaho, 83402

(Street Address)

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

NameAddress

Bryon L. Reed

2277 North 35 West, Idaho Falls, Idaho, 83402

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

2277 North 35 West, Idaho Falls, Idaho, 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Ryan B. Meikle

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/06/2014 05:00CK:PREPAID CT:12945 BH:1436311  
1@ 100.00 = 100.00 ORGAN LLC #2  
1@ 20.00 = 20.00 EXPEDITE C #3

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