

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

2015 MAY 19 PM 12: 55

	(Instructions on back of application	
1.	The name of the limited liability company is:	
	Reeds All Natural LLC	
2	The complete street and mailing addresses of the initial designated office:	
	1716 Silverloop, Nampa ID 83686	
	(Street Address)	
	(Mailing Address, if different than street address)	
3	The name and complete street address of the registered agent:	
0.		
	William Reed 1716 Silverloop, Nampa ID 83686 (Street Address)	
	(Name) (Street Address	ss)
A .	The name and address of at least one mamber	or manager of the limited lightlift.
	The name and address of at least one member or manager of the limited liability company:	
	Name Address	
	William Reed 1716 s	ilverloop, nampa ID 83686
		, ,
_	Mailing address for future sources and an action	upl papart patiana).
5.	Mailing address for future correspondence (ann	•
	1716 Silverloop, Nampa II	2 83686
6.	Future effective date of filing (optional):	
	3 (4)	
Sigr	nature of a manager, member or authorized	I
pers	<u> </u>	
O:=	- A Lillie Man I	Secretary of State use only
_	nature William / William Days I	IDAHO SECRETARY OF STATE
ı ypı	ed Name: William Reed	05/19/2015 05:00 CK:CASH CT:310417 BH:147620
Sign	nature	16 100.00 = 100.00 ORGAN LLC
-	ed Name:	•
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