## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability compan	
	Exchange 04-2642, I.C., an Idah	o Limited Liability Somethings WAHD
2.	The street address of the initial registere	ed office is:
	195 South Broadway, P.O. Box 580, Blackfoot, Idaho 83221	
	and the name of the initial registered age	
	Shauna Romrell	
2	The mailing address for future correspor	
Ų.		
,	P.O. Box 580, Blackfoot, Idaho 8	
4.	Management of the limited liability company will be vested in:	
	Manager(s) or Member(s) X (please check the appropriate box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.	
	<u>Name</u>	<u>Address</u>
		<del></del>
	FYCHANGE SERVICES. INC.	P.O. Box 580, Blackfoot, Idaho 83221
	EXCHANGE SERVICES, INC.	P.O. Box 580, Blackfoot, Idaho 83221
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	EXCHANGE SERVICES, INC.	P.O. Box 580, Blackfoot, Idaho 83221
6.		
6.		sible for forming the limited liability company:
6.	Signature of at least one person respon	sible for forming the limited liability company:
6.	Signature of at least one person respons	sible for forming the limited liability company:
6.	Signature of at least one person responsing to the Signature:  Typed Name: SHAUNA ROMRELL  Capacity: PRESIDENT	sible for forming the limited liability company:
6.	Signature of at least one person responsing to the Signature:  Typed Name: SHAUNA ROMRELL	sible for forming the limited liability company: