

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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	RTICLES OF OR MITED LIABILIT		3 C. C. S C.	
	(Instructions on back	of application)	OF OLSTATE	
The name of the	limited liability company	is: EXCHANGE 1845, LL		
The address of th	e initial registered office is	s: <u>195 South Broadwa</u>	y/P.O. Box 580,	
Blackfoot, ID	83221 ess is: Shauna Romrell		me of the initial registered	
	ss for future corresponden		ckfoot, ID 83221	
Management of th	e limited liability company	will be vested in:		
Manager(s) 🔲 o	r Member(s)Ѿ . (please che	eck the appropriate box)		
at least one initial address(es) of at	idress(es) of at least one initial member. <u>Name</u>		Address  P.O. Box 580, Blackfoot, ID 83221	
<u> </u>				
			L TIA	
i. Signature of at lea	ist one person responsible	for forming the limited lia	ability company:	
		Se	cretary of State use only IMANO SECRETARY OF STATE	
			12/05/2001 09:00 : 2127 CT: 128478 BH: 376848	
		optoms/LC1.p65	@ 190.98 = 100.98 ORGAN LLC # 2	
		- Ilsemond	1261 W 141351	