

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

Record Col		ORGANIZATION ""
Me Me	LIMITED LIABI	ILITY COMPANY
	(Instructions on	ORGANIZATION ILITY COMPANY back of application)
	f the limited liability company	any is: EXCHANGE 03-2182, LLC., an
The address	of the initial registered off	fice is: 195 South Broadway/P.O. Box 580,
Blackfoot,	ID 83221 address is: Shauna Romi	and the name of the initial registered
		ndence P.O. Box 580, Blackfoot, ID 83221
		Description of the second seco
Management	of the limited liability comp	pany will be vested in:
manager(s)	or Member(s)区 . (piess	se check the appropriate box)
at least one in	manager. It managem If at least one initial memb	more manager(s), list the name(s) and address(es) of nent is to be vested in the members, list the name(s) and per.
at least one in	nıaı manager. It managem	ient is to be vested in the members. Jist the name(s) and
address(es) o	manager. It managem If at least one initial memb	nent is to be vested in the members, list the name(s) and per.
address(es) o	rial manager, it managem if at least one initial memb <u>Name</u>	nent is to be vested in the members, list the name(s) and per. <u>Address</u>
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exchange se	rial manager. It managem if at least one initial memb Name RVICES, INC.	nent is to be vested in the members, list the name(s) and over. Address P.O. Box 580, Blackfoot, ID 83221
exchange se	rial manager. It managem if at least one initial memb Name RVICES, INC.	nent is to be vested in the members, list the name(s) and per. <u>Address</u>
EXCHANGE SE	rial manager. It managem if at least one initial memb Name RVICES, INC.	pert is to be vested in the members, list the name(s) and over. Address P.O. Box 580, Blackfoot, ID 83221 ible for forming the limited liability company:
EXCHANGE SE	rual manager. It managem f at least one initial memb Name RVICES, INC.	P.O. Box 580, Blackfoot, ID 83221 ible for forming the limited liability company:
Signature of a	ruar manager. It managem f at least one initial memb Name RVICES, INC. LL, PRESIDENT	pert is to be vested in the members, list the name(s) and over. Address P.O. Box 580, Blackfoot, ID 83221 ible for forming the limited liability company:
Signature of a	rual manager. It managem f at least one initial memb Name RVICES, INC.	P.O. Box 580, Blackfoot, ID 83221 P.O. The state of the members, list the name(s) and the state of the state
Signature of a	ruar manager. It managem f at least one initial memb Name RVICES, INC. LL, PRESIDENT	P.O. Box 580, Blackfoot, ID 83221 ible for forming the limited liability company:

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