

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1.	The name of the limited liability compar	ny is:	
	Exchange 04-2520, LLC., an Idah	no LImited Liability Company DAHO	
2.	The street address of the initial register	ed office is:	
	195 South Broadway, P.O. Box 580, Blackfoot, Idaho 83221		
	and the name of the initial registered ag		
	Shauna Romrell		
3.	The mailing address for future correspo	ndence is:	
	P.O. Box 580, Blackfoot, Idaho 8	33221	
4.	Management of the limited liability com	pany 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.		
		Address	
	<u>Name</u>	Addiesa	
	<u>Name</u>	Autress	
	Name EXCHANGE SERVICES, INC.	P.O. Box 580, Blackfoot, Idaho 83221	
	EXCHANGE SERVICES, INC.	P.O. Box 580, Blackfoot, Idaho 83221	
6.	EXCHANGE SERVICES, INC. Signature of at least one person responses		
6.	EXCHANGE SERVICES, INC. Signature of at least one person responses to the service of the servic	P.O. Box 580, Blackfoot, Idaho 83221 nsible for forming the limited liability company:	
6.	Signature of at least one person responsionature: Typed Name: SHAUNA ROMRELL	P.O. Box 580, Blackfoot, Idaho 83221 nsible for forming the limited liability company:	
6.	EXCHANGE SERVICES, INC. Signature of at least one person responses to the service of the servic	P.O. Box 580, Blackfoot, Idaho 83221 nsible for forming the limited liability company:	
6.	Signature of at least one person responsionature: Typed Name: SHAUNA ROMRELL Capacity: PRESIDENT	P.O. Box 580, Blackfoot, Idaho 83221 nsible for forming the limited liability company:	
6.	Signature of at least one person responsionature: Typed Name: SHAUNA ROMRELL	P.O. Box 580, Blackfoot, Idaho 83221	