

CERTIFICATE OF ORGANIZATION AY 29 AM 11: 50 LIMITED LIABILITY COMPANY OF STATE SECRETARY OF STATE

(Instructions on back of application)

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_	The name of the limited liability compa	any is:
	Exch	ange #603, LLC
2.	The complete street address, and mail principal office:	ling address if different, of the Initial designated/
	580 Jensen Grove Drive, F	P.O. Box 339, Blackfoot, Idaho 83221
3.	The name of the commercial registered address of the non-commercial register	d agent; or the name and complete street rered agent:
	Exchange Services, Inc., 580 Jensen G	Srove Drive, P.O. Box 339, Blackfoot, Idaho 83221
4.		member or manager of the limited liability
	company:	Address
	Exchange Services, Inc.	P.O. Box 339, Blackfoot, Idaho 83221
-	Resilian address for figure across and	
ο.	Mailing address for future corresponde	ence (annual report notices): P.O. Box 339, Blackfoot, Idaho 83221
		Total Date of Description of the Control of the Con
ŝ.	Future effective date of filing (optional)) :
	nature of an organizer(s). (An organizer is	
	acting in behalf of a required, and existing, init embers).	Sepretary of State use only
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_	nature James Sur	
_	ed Name: Tammy L'Erickson, Organiz	Zer Jagan
ур	ed Name: Tammy L/Erickson, Organiz	IDAHO SECRETARY OF STATE
yp Sig	ed Name: Tammy L/Erickson, Organiz	IDAHO SECRETARY OF STATE AHO SECRETARY OF STATE 95/29/2009 95: 29/2009 105: 05/29/2009 11:17