

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

| | | ILITY COMPANY | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
|---|-------------------------|---|--|
| | (Instructions on | back of application) | STATE OF DA |
| he name of the lim Liability Compa | ited liability compa | any is: EXCHANGE 03-2303, a | n Idaho Limited |
| The address of the ir | nitial registered offi | ice is: 195 South Broadway/I | P.O. Box 580. |
| Blackfoot, ID 832 | 21 | | |
| agent at that address | is: Shauna Romre | ell and the name | of the initial registere |
| The mailing address fo | or future correspond | dence P.O. Box 580, Blackf | oot, ID 83221 |
| Management of the lim | nited liability compa | any will be vested in: | |
| Manager(s) 🔲 or Me | ember(s) 🛣 . (please | P chart the annual control | |
| | | and a physician pox) | |
| management is to be t least one initial mana | vested in one or m | nore manager(s), list the name(s | s) and address(es) of |
| ddress(es) of at least <u>Name</u> | one initial membe | nore manager(s), list the name(sent is to be vested in the member er. <u>Address</u> | s) and address(es) of s, list the name(s) and |
| ddress(es) of at least <u>Name</u> | one initial membe | er. | 's, list the name(s) and |
| ddress(es) of at least | one initial membe | er. Address | 's, list the name(s) and |
| ddress(es) of at least <u>Name</u> | one initial membe | er. Address | 's, list the name(s) and |
| ddress(es) of at least <u>Name</u> | one initial membe | er. Address | 's, list the name(s) and |
| ddress(es) of at least <u>Name</u> | one initial membe | er. Address | 's, list the name(s) and |
| ddress(es) of at least Name EXCHANGE SERVICES, | one initial membe | Address P.O. Box 580, Blackfoo | t, ID 83221 |
| ddress(es) of at least Name EXCHANGE SERVICES, | INC. | er. Address | t, ID 83221 |
| gnature of at least one AUNA ROMRELL, PRESI | one initial member INC. | P.O. Box 580, Blackfoo | t, ID 83221 |
| gnature of at least one AUNA ROMRELL, PRESI | INC. | P.O. Box 580, Blackfoo | t, ID 83221 |

Management of the limited liability company will be vested in: Manager(s) or Member(s) . (please check the appropriate box) If management is to be vested in one or more manager(s), list the name(s) a at least one initial manager. If management is to be vested in the members, address(es) of at least one initial member. <u>Name</u> Address EXCHANGE SERVICES, INC. P.O. Box 580, Blackfoot, Signature of at least one person responsible for forming the limited liability co SHAUNA ROMRELL, PRESIDENT Secretary of S SARA GRIMMETT, VICE PRESIDENT IDAMO SECRETARY OF STATE

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