

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

00000 23 A	
STATE AND:	
STATE OF TOANION	

2. The address of the initial registered office is: 195 South Broadway/P.O. Box 580, Blackfoot, ID 83221 and the name of the initial registered agent at that address is: Shauna Romrell and the name of the initial registered agent at that address for future correspondence P.O. Box 580, Blackfoot, ID 83221 4. Management of the limited liability company will be vested in: Management of the limited liability company will be vested in: Management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address Shauna Romrell P.O. Box 580, Blackfoot, ID 83221 Carrie Wheeler P.O. Box 580, Blackfoot, ID 83221 6. Signature of at least one person responsible for forming the limited liability company: Secretary of State use only 104/24/2808 89:200 CK: 2851 CT: 12478 BH: 355118		The name of the limited liability compar	ny is: EXCHANGE 1814, LLC			
3. The mailing address for future correspondence P.O. Box 580, Blackfoot, ID 83221 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) (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) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name	2	Blackfoot, ID 83221				
Management of the limited liability company will be vested in: Manager(s)		agent at that address is: Shauna Romrell and the name of the initial registered				
Manager(s) or Member(s) (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) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address Shauna Romrell P.O. Box 580, Blackfoot, ID 83221 Carrie Wheeler P.O. Box 580, Blackfoot, ID 83221 P.O. Box 580, Blackfoot, ID 83221 6. Signature of at least one person responsible for forming the limited liability company: Secretary of State use only IDMO SCRETARY OF STATE 10/24/2000 (P) 10/24/2000 (3.	The mailing address for future correspondent	ence:P.O. Box 580, Blackfoot, ID 83221			
Manager(s) or Member(s) (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) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address Shauna Romrell P.O. Box 580, Blackfoot, ID 83221 Carrie Wheeler P.O. Box 580, Blackfoot, ID 83221 P.O. Box 580, Blackfoot, ID 83221 6. Signature of at least one person responsible for forming the limited liability company: Secretary of State use only IDMO SCRETARY OF STATE 10/24/2000 (P) 10/24/2000 (4.	4. Management of the limited liability company will be vested in:				
Shauna Romrell P.O. Box 580, Blackfoot, ID 83221 Carrie Wheeler P.O. Box 580, Blackfoot, ID 83221 6. Signature of at least one person responsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 19/24/2606 69:06 CK: 2851 CT: 124478		Manager(s) or Member(s) (please check the appropriate box)				
Carrie Wheeler P.O. Box 580, Blackfoot, ID 83221 P.O. Box 580, Blackfoot, ID 83221 P.O. Box 580, Blackfoot, ID 83221 6. Signature of at least one person responsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 10/24/2000 29:00 CK: 2851 CI: 124/78 PM-37000	5.	Name Name	and list the name(s) and			
6. Signature of at least one person responsible for forming the limited liability company: Secretary of State use only IDANO SECRETARY OF STATE 16/24/2000 99:00 CK: 2851 CT: 129478 PM- 2550						
Secretary of State use only IDAHO SECRETARY OF STATE 10/24/2000 09:00 CK: 2851 CT: 128474 PM 75530			P.O. Box 580, Blackfoot, ID 83221			
Secretary of State use only IDAHO SECRETARY OF STATE 10/24/2000 09:00 CK: 2851 CT: 128474 PM 75530	,					
Secretary of State use only IDAHO SECRETARY OF STATE 10/24/2000 09:00 CK: 2851 CT: 128474 PM 75530	•					
Secretary of State use only IDAHO SECRETARY OF STATE 10/24/2000 09:00 CK: 2851 CT: 128474 PM 75530	_					
16/24/2000 09:00 CK: 2851 CT: 128474 PM 25534	6. Signature of at least one person responsible for forming the limited liability company:					
16/24/2000 09:00 CK: 2851 CT: 128474 PM 25536	-		Secretary of State use only IDAHO SECRETARY OF CHARLES			
	-		I II/24/2222			
1 9 100.00 = 100.00 ORGAN LLC # 2	_					
1 8 100.00 = 100.00 ORGAN LLC # 2			Make 11 \ 12 0 1 2			