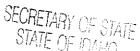


(Instructions on back of application)





2. The street address of the initial registered office is:  580 Jensen Grove Dr Blackfoot ID 83221  and the name of the initial registered agent at the above address is:  Shauna Romrell  3. The mailing address for future correspondence is:  P O Box 339 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 member(s), list the name(s) and address(es) of at least one initial member.  Name Address  Exchange Services, Inc. P O Box 339 Blackfoot ID 83221  6. Signature Shauna Romrell  Capacity: Member  Signature Shauna Romrell  Capacity: Member  Signature Shauna Romrell  Capacity: Member  Typed Name: Misty Peterson  1 1 100 80 00 000 000 000 11 1 1 1 100 000 0	1.	The name of the limited liability company is:  Exchange 05-3211, LLC, an Idaho Limited Liability Company
and the name of the initial registered agent at the above address is:  Shauna Romrell  3. The mailing address for future correspondence is:  P O Box 339 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 member(s), list the name(s) and address(es) of at least one initial member.  Name Address  Exchange Services, Inc.  P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for foreing the limited liability company: Signature:		Exchange 05-3211, LLC, an Idaho Limited Liability Company
and the name of the initial registered agent at the above address is:  Shauna Romrell  3. The mailing address for future correspondence is:  P O Box 339 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 member(s), list the name(s) and address(es) of at least one initial member.  Name Address  Exchange Services, Inc. P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for foreign the limited liability company:  Signature:	2.	•
Shauna Romrell  3. The mailing address for future correspondence is: P O Box 339 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 member(s), list the name(s) and address(es) of at least one initial member.  Name Address  Exchange Services, Inc. P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for forming the limited liability company: Signature		
3. The mailing address for future correspondence is:  P O Box 339 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 member(s), list the name(s) and address(es) of at least one initial member.  Name Address  Exchange Services, Inc. P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for forming the limited liability company:  Signature:		and the name of the initial registered agent at the above address is:
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 member(s), list the name(s) and address(es) of at least one initial member.  Name		Shauna Romrell
<ul> <li>4. Management of the limited liability company will be vested in:  Manager(s)</li></ul>	3.	The mailing address for future correspondence is:
Manager(s) or Member(s) velocities (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 member(s), list the name(s) and address(es) of at least one initial member.  Name  Address  Exchange Services, Inc.  P O Box 339 Blackfoot ID 83221		P O Box 339 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 member(s), list the name(s) and address(es) of at least one initial member.  Name  Address  Exchange Services, Inc.  P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for forming the limited liability company: Signature:	4	Management of the limited liability company will be vested in:
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 member(s), list the name(s) and address(es) of at least one initial member.  Name  Address  Exchange Services, Inc.  P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for forming the limited liability company:  Signature:  Service States at the services and address are services and address and address are services.	т.	
address(es) of 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.  Name  Address  Exchange Services, Inc.  P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for forming the limited liability company:  Signature:		Manager(s) ☐ or Member(s) ✓ (please check the appropriate box)
Exchange Services, Inc.  P O Box 339 Blackfoot ID 83221  6. Signature of at least one person responsible for forming the limited liability company:  Signature:	5.	address(es) of at least one initial manager. If management is to be vested in the
6. Signature of at least one person responsible for forming the limited liability company: Signature:		Name Address
6. Signature of at least one person responsible for forming the limited liability company: Signature:		Exchange Services, Inc. P.O. Box 339 Blackfoot ID 83221
Signature: Secretor of State use only		Exercises 65 violes, inc.
Signature: Sometime of State was only		
Signature: Society of State we get		
Signature: Sometime of State was only		
Signature: Source of State use only		
Signature: Source of State use only		
Signature: Source of State use only		
Signature:  Typed Name: Shauna Romrell  Capacity: Member  Signature  Signature  Signature  IDAHO SECRETARY OF STATE  O1/06/2006 05:00  CK: 2765 CT: 191467 BH: 938607  1 @ 100.00 ORGAN LLC #	6.	Signature of at least one person responsible for forming the limited liability company:
Typed Name: Shauna Romrell Capacity: Member  Signature Signature Misty Paterson  IDAHO SECRETARY OF STATE  01/06/2006 05:00  CK: 2765 CT: 191467 RH: 938607 1 @ 100.00 ORGAN LLC #		Signature: Secretary of State use only
Capacity: Member  Signature   Signature   Misty Peterson  Misty Peterson  Typed Name: Misty Peterson  Misty Pe		Typed Name: Shauna Romrell
Signature Misty Peterson IDAHO SECRETARY OF STATE 01/06/2006 05:00 CK: 2765 CT: 191467 RH: 938607 1 @ 190.00 ORGAN LLC #		Capacity: Member
Typed Name: Misty Peterson 01/06/2006 05:00 CK: 2765 CT: 191467 BH: 930607 1 @ 100.00 DRGAN LLC #		Signature (MINT) PARA DOCA )   18   IDAHO SECRETARY OF STATE
1 0 100.00 = 100.00 ORGAN LLC #		Typed Name: Misty Paterson 5:00 CK: 2765 CT: 191467 BH: 938697
Capacity: iviember   출 "		Capacity: Member

W46151