

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 JAN -2 PH 1: 23

SECRETARY OF STATE

<ol> <li>The name of the limited liability company</li> </ol>	y is: STATE OF IDAHO
Exchange 06-3617 LLC, an Idaho Limi	ited Liability Company
2. The street address of the initial registered	
580 Jensen Grove Drive, Blackfoot, ID	
and the name of the initial registered age	
Shauna Romrell	int at the above address is:
3. The mailing address for future correspond	dence is:
P.O. Box 339, Blackfoot, ID 83221	
4. Management of the limited liability compa	iny will be vested in:
Manager(s)  or Member(s)	(please check the appropriate box)
. If management is to be vested in one or m	
<ol> <li>If management is to be vested in one or me address(es) of at least one initial manager</li> </ol>	ore manager(s), list the name(s) and
member(s), list the name(s) and address(	es) of at least one initial member
Name	Address
Evolungo Comines Inc.	
Exchange Services, Inc. P.C	O. Box 339, Blackfoot, Idaho 83221
***	
Signature of at least one person responsible	le for forming the limited liability company:
Signature: Mistry Peterson	
Typed Name: Misty Peterson	Secretary of State use only
Capacity: Vice President	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE  1
Typed Name:	IDAHO SECRETARY OF STATE  91/03/2007 05=0  01/03/2007 05=0  01/03/2007 05=0
Capacity:	CK: 12439 CT: 196365 BH: 186

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