



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAY 10 AM 9:32

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EXCHANGE #513, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

580 JENSEN GROVE DR., BLACKFOOT, ID 83221

(Street Address)

P O BOX 339, BLACKFOOT, ID 83221

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

SHAUNA ROMRELL

(Name)

580 JENSEN GROVE DR., BLACKFOOT, ID 83221

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

EXCHANGE SERVICES, INC.

Name

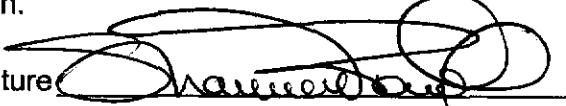
P O BOX 339, BLACKFOOT, ID 83221

Address

5. Mailing address for future correspondence (annual report notices):
P O BOX 339, BLACKFOOT, ID 83221

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature 
Typed Name: SHAUNA ROMRELL, PRESIDENT

Secretary of State use only

Signature _____
Typed Name: _____

IDaho SECRETARY OF STATE
05/10/2011 05:00
CK: 9884 CT: 191467 BH: 1273826
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