

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2010 FEB -3 AM 11: 03

SEURLTARY UP STATE STATE OF IDAHO

	(Instructions on back	of application) STATE OF II	BAHU
The na	ame of the limited liability com	npany is:	
	Ex	xchange #506, LLC	
The co	omplete street address, and moal office:	nailing address if different, of the initial desi	gnated/
		e, P.O. Box 339, Blackfoot, Idaho 83221	
. The n	ame of the commercial registe ses of the non-commercial regis	ered agent; or the name and complete street stered agent:	≱t
	Exchange Services, Inc., 580 Jense	en Grove Drive, P.O. Box 339, Blackfoot, Idaho 832	21
	م فعمما فه هم محمدالم الربي م	one member or menager of the Ilmited liabil	lity
t. The n	any:	Address	
	Name	P.O. Box 339, Blackfoot, Idaho 83221	
	Exchange Services, Inc.		
		,	
	•		.*
5. Maili	ng address for future correspon	endence (annual report notices):	
	580 Jensen Grove Driv	ive, P.O. Box 339, Blackfoot, Idaho 83221	
e Britis	re effective date of filing (option	enal):	
b. Futu	18 BligOttae dete of thing fabrics		
Signatur	e of an organizer(s). (An organiza	er is a member,	
or is acting	in behalf of a required, and existing	j, initial member Secretary of State use of	niy
or membe	rs).		
Signatur	e Jammor suckin	<u>) </u>	
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Signatur	· •	CK: NONE CT: 12	17288 BH: 18.98 DRG
Typed N	lame:		

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