## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY2018 JUL -1 PM 2: 26

	(Instructions on back of	application) SEUKETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability compa	ny is:
	Exch	ange #510, LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 580 Jensen Grove Drive, PO Box 339, Blackfoot, ID 83221	
	(Street Address)	, FO DOA 303, DIBORIOU, 10 30221
	(Mailing Address, if different than street address)	
3.		s of the registered agent:
0.	The flattle data complete and a second	
	Exchange Services, Inc.	580 Jensen Grove Drive, Blackfoot, ID 83221  Street Address)
	(Name)	offeat vnnis≥>}
4.	company:	
	<u>Name</u>	Address
	Exchange Services, Inc.	580 Jensen Grove Drive, Blackfoot, ID 83221
5.	•	
	580 Jensen Grov	ve Drive, Blackfoot, ID 83221
6.	Future effective date of filing (optional)	;
	gnature of organizer(s). (An organizer is a m	ember, or is
acti	ting in behalf of a member or members).	Secretary of State use only
Sig	gnature	Nd 50 d
Ту	ped Name: Amanda Schmidt, Organiz	Order Control of State  IDAHO SECRETARY OF STATE  O7/01/2010 05:00  CK: MONE CT: 127288 BH: 1229878
		S Source
•	gnature	IDAHO SECRETARY OF STATE
Ty	ped Name:	O7/01/2010 05:00  CK: NONE CT: 127288 BH: 1229878
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