

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 10 AM 9:32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

EXCHANGE #512, 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:

**Name****Address**

EXCHANGE SERVICES, INC.

P O BOX 339, BLACKFOOT, ID 83221

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

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/10/2011 05:00  
CK: 9084 CT: 191467 BH: 1273026  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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