

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

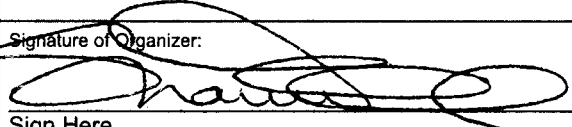
For Office Use Only

**-FILED-**

File #: 0004687697

Date Filed: 4/5/2022 8:56:37 AM

B0697-1055 04/11/2022 3:00 PM Received by ID Secretary of State Lawrence Denney

| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)                                                                                                                                                                                                                                                                                            |                                                                                                                                                                      |      |         |                                          |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|------------------------------------------|---------------------------------------------|
| 1. Limited Liability Company Name<br>Type of Limited Liability Company<br>Entity name                                                                                                                                                                                                                                                                                                                                                                             | Limited Liability Company<br>TFES 1000, LLC                                                                                                                          |      |         |                                          |                                             |
| 2. The complete street address of the principal office is:<br>Principal Office Address                                                                                                                                                                                                                                                                                                                                                                            | 580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221                                                                                                                          |      |         |                                          |                                             |
| 3. The mailing address of the principal office is:<br>Mailing Address                                                                                                                                                                                                                                                                                                                                                                                             | PO BOX 339<br>BLACKFOOT, ID 83221-0339                                                                                                                               |      |         |                                          |                                             |
| 4. Registered Agent Name and Address<br>Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                          | Registered Agent<br>Shauna Romrell<br>Physical Address:<br>580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221<br>Mailing Address:<br>PO BOX 339<br>BLACKFOOT, ID 83221-0339 |      |         |                                          |                                             |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                      |      |         |                                          |                                             |
| 5. Governors                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                      |      |         |                                          |                                             |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Title Financial Specialty Services, Inc.</td><td>580 JENSEN GROVE DR.<br/>BLACKFOOT, ID 83221</td></tr></tbody></table>                                                                                                                                                                                                                                                     |                                                                                                                                                                      | Name | Address | Title Financial Specialty Services, Inc. | 580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221 |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address                                                                                                                                                              |      |         |                                          |                                             |
| Title Financial Specialty Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                          | 580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221                                                                                                                          |      |         |                                          |                                             |
| Signature of Organizer:                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |      |         |                                          |                                             |
| Sign Here                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date: 4-5-22                                                                                                                                                         |      |         |                                          |                                             |
| Print & Mail Enclosures                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                      |      |         |                                          |                                             |
| <input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:<br>Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.<br>This filing form (submit within 30 days) with the required signature(s).<br>If you are submitting a correction, return the correction letter with your updated document. |                                                                                                                                                                      |      |         |                                          |                                             |

