FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 OCT 29 AM 10: 32

	(Instructions on back	of application) SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability con	npany is:
	TFES 560 LLC	
2	The complete street and mailing add 580 Jensen Grove Dr. Blackfoot, ID 8322 (Street Address)	dresses of the initial designated office:
	P.O. Box 339, Blackfoot, ID 83221 (Mailing Address, if different than street address)	
3.	The name and complete street add	ress of the registered agent:
	Title Financial Specialty Services Inc	580 Jensen Grove Dr., Blackfoot, ID 83221
	(Name)	(Street Address)
	The name and address of at least o	one member or manager of the limited liability
	<u>Name</u>	Address
	Shauna Romrell, President	P.O. Box 339, Blackfoot, ID 83221
5.	Mailing address for future correspondance of the P.O. Box 339, Blackfoot, ID 83221	ondence (annual report notices):
6.	P.O. Box 339, Blackfoot, ID 83221 Future effective date of filing (option	nal):
6. Sig	P.O. Box 339, Blackfoot, ID 83221	nal):
6. Sig per	P.O. Box 339, Blackfoot, ID 83221 Future effective date of filing (option that are of a manager, member of son.	onal):
6. Sig per	P.O. Box 339, Blackfoot, ID 83221 Future effective date of filing (option nature of a manager, member of	snal):
6. Sig per Sig Typ	P.O. Box 339, Blackfoot, ID 83221 Future effective date of filing (option that are of a manager, member of son.	secretary of State use only IDAHO SECRETARY OF STATE 10/29/2014 05:0 CK: PREPAID CT: 127288 BH

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