FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

2818 AUG -6 PM 1: 54

Complete and submit the application in duplicate. The name of the limited liability company is: 1.

| | TFES 672, LLC | | |
|----------|---|---------------------------------------|---|
| | (Remember to include the words "Limit | ed Liability Company," "Limited Compa | ny, for the appreviations L.L.C. TEC, or LC) |
| 2. 1 | The complete street and mailing addresses of the principal office is: PO Box 339, Blackfoot, ID 83221 (Street Address) 580 Jensen Grove Dr., Blackfoot, ID 83221 | | |
| | | | |
| | (Mailing Address, if different) | | |
| | The name and complete street address of the registered agent: Title Financial Specialty Services Inc 580 Jensen Grove Dr., Blackfoot, ID 83221 | | |
| | | | |
| | (ਪਿੰਡਾਸਦੇ) | (Àddress) | |
| 4. | The name and address of at least one governor of the limited liability company: | | |
| | Shauna Romrell, President | PO Box 339, Blackfoot, ID 83221 | |
| | (Name) | (Address) | |
| | Bethanie Mays, Asst Secretary | PO Box 339, Blackfoot, ID 83221 | |
| | Name) | (Address) | |
| | [M90%] | (Address) | |
| | (Nams) | (Address) | |
| 5. | Mailing address for future correspond PO Box 339, Blackfoot, ID 83221 | ence (annual report notices): | |
| | (Address) | | |
| | ature of organizer(s). | | Secretary of State use only |
| Print | ted Name: Shauna Romrell, Presid | ent . | IDAHO SECRETARY OF |
| | ature: Rauss | | 08/06/2018 05 CK:PREPAID CT:127288 F |
| Print | ted Name: | | 10 100.00 = 100.00 ORC 10 20.00 = 20.00 EXPE |
| | | | |
| Sign | ature: | | |
| Rev. 01/ | /2018 | | W206027 |

IDAHO SECRETARY OF STATE 08/06/2018 05:00

CK:PREPAID CT:127288 BH:1657465 16 100.00 = 100.00 ORGAN LLC #2 1@ 20.00 = 20.00 EXPEDITE C #3