





STATE OF IDAHO

Office of the secretary of state, Lawerence 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 - Make Checks Payable to Secretary of State

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|--|--------------------------|--|---------------------------------------|----------|
| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$100) | | T 6 |
| 1. Limited Liability Company Name | | | | |
| Type of Limited Liability Company | | Limited Liability Compan | у | H |
| Entity name | | TFES 745, LLC | | F |
| 2. The complete street address of the principal office is: | | | · · · · · · · · · · · · · · · · · · · | - |
| Principal Office Address | | 580 JENSEN GROVE D | R | 7 |
| | | BLACKFOOT, ID 83221 | | |
| 3. The mailing address of the principal office is: | | DO DOY 000 | | ì |
| Mailing Address | | PO BOX 339 BLACKFOOT, ID 83221-0339 | | ļ |
| | | 55.01.001,15.00221 | | 1 |
| Registered Agent Name and Address Registered Agent | | TITLE FINANCIAL SPECIALTY SERVICES INC | | £ |
| registered rigerit | | Registered Agent | | ţ |
| | | Physical Address | | |
| | | 580 JENSEN GROVE DR | | |
| | | BLACKFOOT, ID 83221 | | t |
| | | Mailing Address | | |
| 5. Governors | | | | ſ |
| Name | | Addre | ss | |
| Shauna Romrell | PO BOX 339 | | | |
| | BLACKFOOT, | ID 83221-0339 | | |
| Bethanie Mays | PO BOX 339 | | | P |
| | BLACKFOOT, | BLACKFOOT, ID 83221-0339 | | ſ |
| Cyndi Lich | PO BOX 339 | | | (H |
| | BLACKFOOT, | ID 83221-0339 | • | |
| | | | | 3 |
| Signature of Organizer: | | | | |
| Bethanie Mays | - /Le. | | 01/29/2020 | Ş |
| Sign Here | | | Date | —— (|
| Print & Mail Enclosures | | | | t |
| | | | · | [] |
| I understand the document can ONLY b | e filed if the following | g items are included: | | į. |
| Payment in the amount of \$100.00 (if expe | edited, \$140; if 24 h | ours processing, \$200) - ch | ecks payable to the Secretary o | of State |
| signed and recently dated. | | , , , | , , | |
| This filling forms (submit within 00 days) with | h Alamana da a da a d | -t(a) | | Ģ |
| This filing form (submit within 30 days) with | n ine requirea signa | ature(s). | | 0 |

