



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN -8 PM 1:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TFES 568, LLC

2. The complete street and mailing addresses of the initial designated 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:

Title Financial Specialty Services Inc

(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

Shauna Romrell, President

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

06/08/2015 05:00

CK:PREPAID CT:127288 BH:1478838

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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