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Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2017 JAN 23 AM 10: 32

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

	Complete and submit th	e application in <u>duplicate</u>	
1.	The name of the limited liability company is: TFES 615, LLC		
	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)		
2.	The complete street and mailing addresses of the principal office is: 580 JENSEN GROVE DR., BLACKFOOT, ID 83221		
	(Street Accuress) PO BOX 339, BLACKFOOT, ID Mailing Audress, if different)	83221	
3.	The name of the registered agent and the street address of the registered agent:		
	Title Financial Specialty Services, Inc 580 Jensen Grove Dr., Blackfoot, ID 83221		
	(Nome)	st office box or postal mail box.)	
4.	The name and address of at least one governor of the limited liability company:		
	Shauna Romrell, President		
	A Mari Oy	(Address)	
	(Name)	(Address)	
	(Neine)	(Adoress)	
	Name	(Address)	
5.	Mailing address for future correspondence (annual report notices): PO Box 339, Blackfoot, ID 83221		
Sign	nature of organizer(s)		
Sigr	nature. Rootus		Secretary of State use only
Prin	ted Name: Shauna Romrell, Pres	ident	
Signature:			IDANO SECRETARY OF STATE 01/23/2017 05:00 CK:PREPAID CT:127288 BH:1565105 10 100.00 = 100.00 ORGAN LLC #2
Printed Name:			16 20.00 = 20.00 EXPEDITE C #3

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