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## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 26 PM 4: 4:

SECRETARY OF STATE STATE OF IDAHO

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1.	The name of the limited liability cor			
	TFES #534, LLC., an Idaho Limited Liability Company			
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:			
	<u>Name</u>	Address		
	Shauna Romrell	580 Jensen G	Grove Dr., Blackfoot, ID 83221	
5.	Mailing address for future correspondence (annual report notices):			
	PD. Box 339 Black Foot ID 8322			
6.	Future effective date of filing (option	nal):		
Sia	nature of a manager, member or	authorized		
_	son.			
	73	2	Secretary of State use only	
Sig	nature			
Тур	ped Name: Shauna Romrell, President			
Sig	nature		IDAHO SECRETARY OF STATE	
Typed Name:			08/27/2013 05:0	
Jr			CK: NCHE CT: 127288 BH: 1387 1 8 180.00 = 180.00 ORGAN LLC	

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