

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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

2016 MAR -8 PM 2: 38

Complete and submit the application in duplicate.

SEUTE ARY OF STATE STATE OF IDAHO

W'62796

Complete and Submit the application in Application in		STATE OF IDAHO	
The name of the limited liability co	ompany is:		
TOTAL FOR LLO			
(Remember to Include the words *f.in	nited Liability Company," "Limited	d Company," or the abbreviations L.L.C., f.I.C., or I.D)	
The complete street and mailing	addresses of the princ	dibar ource re-	
580 Jensen Grove Dr., Blackfoot	, ID 83221		
(Street Address)	1		
P O Box 339, Blackfoot, ID 8322			
(Mailing Address, if different)			
The name and complete street a	ddress of the register	ed agent:	
Title Financial Specialty Services	s Inc. 580 Jensen Gro	ve Dr., Blackfoot, ID 83221	
(Namo)	(Address)		
•			
The name and address of at least	st one governor of the	e limited liability company:	
Shauna Romrell, President	P O Box 339, B	lackfoot, ID 83221	
(Name)	(Address)		
(Name)	(Address)		
(Maine)			
(Name)	(Address)		
(Naoie)	(Addross)		
Mailing address for future corre	spondence (annual re	eport notices):	
P O Box 339, Blackfoot, ID 832	21		
(Address)			
gnature of organizer(s).		Secretary of State use only	
inted Name: Shauna Romrell, Pre	sident		
	2		
gnature: Carolle College		IDAHO SECRETARY OF STATE	
	v	03/08/2016 05:00	
inted Name:		CK: PREPAID CT: 127288 BH: 1517492	
		16 100.00 = 100.00 DRGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3	
gnature:			
v. 08/2015			