


**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
0003930856  
For Office Use Only**-FILED-**

File #: 0003930856

Date Filed: 7/6/2020 9:20:52 AM

| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Same Day Service (see descriptions below)   |   | Standard (filing fee \$100) |      |         |                |   |              |   |
|---|---|-----------------------------|------|---------|----------------|---|--------------|---|
| 1. Limited Liability Company Name<br>Type of Limited Liability Company<br>Entity name   |   |                             |      |         |                |   |              |   |
| Limited Liability Company<br>TFES 771, LLC  |   |                             |      |         |                |   |              |   |
| 2. The complete street address of the principal office is:<br>Principal Office Address  |   |                             |      |         |                |   |              |   |
| SHAUNA ROMRELL<br>580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221   |   |                             |      |         |                |   |              |   |
| 3. The mailing address of the principal office is:<br>Mailing Address   |   |                             |      |         |                |   |              |   |
| SHAUNA ROMRELL<br>PO BOX 339<br>BLACKFOOT, ID 83221-0339  |   |                             |      |         |                |   |              |   |
| 4. Registered Agent Name and Address<br>Registered Agent  |   |                             |      |         |                |   |              |   |
| TITLE FINANCIAL SPECIALTY SERVICES INC<br>Registered Agent<br>Physical Address<br>580 JENSEN GROVE DR<br>BLACKFOOT, ID 83221  |   |                             |      |         |                |   |              |   |
| Mailing Address   |   |                             |      |         |                |   |              |   |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |   |                             |      |         |                |   |              |   |
| 5. Governors  |   |                             |      |         |                |   |              |   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>SHAUNA ROMRELL</td> <td>SHAUNA ROMRELL<br/>580 JENSEN GROVE DR.<br/>BLACKFOOT, ID 83221</td> </tr> <tr> <td>CAREN HAWKES</td> <td>SHAUNA ROMRELL<br/>580 JENSEN GROVE DR.<br/>BLACKFOOT, ID 83221</td> </tr> </tbody> </table>   |   |                             | Name | Address | SHAUNA ROMRELL | SHAUNA ROMRELL<br>580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221 | CAREN HAWKES | SHAUNA ROMRELL<br>580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221 |
| Name  | Address   |                             |      |         |                |   |              |   |
| SHAUNA ROMRELL  | SHAUNA ROMRELL<br>580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221 |                             |      |         |                |   |              |   |
| CAREN HAWKES  | SHAUNA ROMRELL<br>580 JENSEN GROVE DR.<br>BLACKFOOT, ID 83221 |                             |      |         |                |   |              |   |
| Signature of Organizer:<br>   |   | 7/6/2020<br>Date            |      |         |                |   |              |   |
| Sign Here   |   |                             |      |         |                |   |              |   |
| Print & Mail Enclosures   |   |                             |      |         |                |   |              |   |
| <input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:<br>Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.<br>This filing form (submit within 30 days) with the required signature(s).<br>If you are submitting a correction, return the correction letter with your updated document. |   |                             |      |         |                |   |              |   |

