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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY CECTETATE OF 3: 44

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	me of the limited liability co	ompany is:
TFES	548, LLC	
	mplete street and mailing a ensen Grove Dr., Blackfoot, ID 83	ddresses of the initial designated office:
	Address)	
	ox 339, Blackfoot, ID 83221 Address, if different than street address)	
The na	me and complete street ad	dress of the registered agent:
Title F	inancial Specialty Services Inc.	580 Jensen Grove Dr., Blackfoot, ID 83221
(Name)		(Street Address)
compa	iny: <u>Name</u> ia Romrell, President	<u>Address</u> P.O. Box 339, Blackfoot, 1D 83221
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		ondence (annual report notices):
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