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## CERTIFICATE OF ORGANIZATION SEP 26 MM 10: 04 LIMITED LIABILITY COMPANY

6		Filing fee: \$100 typed, \$120 not typed		SECRETARY OF STATE STATE OF IDAHO	
		Complete and submit the	application in <u>duplicate</u> .		
1.	The name of the limited liability company is: TFES 607, 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 Address PO Box 3: (Mailing Address	39, Blackfoot, ID 8322	1		
	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				
	•		(Address cannot be a pos	t office box or postal mail box.)	
4.	The name and address of at least one governor of the limited liability company:  Shauna Romrell, President PO Box 339, Blackfoot, ID 83221				
	Shauna Romrell, President PO Box 339, Blackfoot, ID 83221  (Address)			ektoot, ID 83221	
	(Name) (Address)				
	(Name)				
	(Address)				
	(Name)		(Address)		
5.	Mailing address for future correspondence (annual report notices): PO Box 339., Blackfoot, ID 83221  (Address)				
Sign	ature of orga	anizer <del>(s).</del>			
Sign	ature:	Ramina		Secretary of State use only	
Print	ed Name: S	hauna Romrell, Presid	ent		
Signature:				IDAHO SECRETARY OF STATE 09/26/2016 05:00 CK:PREPAID CT:127288 BH:1547880	
Printed Name:				16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3	
Rev. 11/2	2015		1	1	

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