## FILED EFFECTIVE



251

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 OCT 31 PM 2: 20

SECRETARY OF STATE

	(Instructions on bac	k of application)	STATE OF IDAHO
1.	The name of the limited liability co	mpany is:	
	TFES 540, LLC., an Idaho Limited Liability Company		
2.	The complete street and mailing at 580 Jensen Grove Dr., Blackfoot, ID 83;	ddresses of the initial des	signated office:
	(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 (Street Address)	Dr Blackfoot, ID 83221
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Shauna Romrell	Address P.O. Box 339, Blackfoot, ID 83221	
	Shauna Romfell		
			. •
5.	Mailing address for father and		_
J.	Mailing address for future correspondable. P.O. Box 339, Blackfoot, ID 83221	ndence (annual report no	tices):
	1.0. Box 339, Blackidol, ID 83221		
6.	Future effective date of filing (option	\al\.	
Ψ,	diana enective date of filling (option	iai)	
Sign pers	nature of a manager, member or on.	authorized	
•			Secretary of State use only
•	ature 2000	<u></u>	
Турє	ed Name: Shauna Romrell, President		
Sign	ature		
Typed Name:			IDAHO SECRETARY OF STATE 10/31/2013 05:00 CK: NONE CT: 127288 BH: 1395244

9/21/2012

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