

**FILED EFFECTIVE**

251



# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.
**SEP 11 AM 11:55**  
**SECRETARY OF STATE**  
**STATE OF IDAHO**

1. The name of the limited liability company is:  
**TFES 640, 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 339, Blackfoot, ID 83221**

(Mailing Address, if different)

3. 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**

(Name)

(Address cannot be a post 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**

(Name)

(Address)

**Bethanie Mays, Assistant Secretary PO Box 339, Blackfoot, ID 83221**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):  
**PO Box 339, Blackfoot, ID 83221**

(Address)

Signature of organizer(s)

Signature: Printed Name: **Shauna Romrell, President**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**09/11/2017 05:00**

CK:PREPAID CT:127288 BH:1602161

10 100.00 = 100.00 ORGAN LLC #2

10 20.00 = 20.00 EXPEDITE C #3

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