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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JUN 28 PM 3:41

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TFES #529, LLC

2. The complete street and mailing addresses of the initial designated office:

580 Jensen Grove Dr., Blackfoot, ID 83221

(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 Dr., Blackfoot, ID 83221

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Shauna Romrell

580 Jensen Grove Dr., Blackfoot, ID 83221

5. Mailing address for future correspondence (annual report notices):

P.O. Box 339, Blackfoot, ID 83221

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Shauna Romrell, President

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/28/2013 05:00  
CK: NONE CT: 127288 BH: 1380193  
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