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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.**FILED EFFECTIVE****2017 SEP -5 AM 9:09****SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

TFES 639, 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)

(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

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09/05/2017 05:00

CK:14585760 CT:172099 BH:1601157

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1@ 20.00 = 20.00 EXPEDITE C #3

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