251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION 2013 OCT -2 PM 4: 05

K B	(Instructions on back	of application) STATE OF IDAHO	
1. The name of the limited liability company is:		npany is:	
	TFES 538, LLC, an Idaho Limited Liability Company		
2.	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 age		ess 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 on company:	e name and address of at least one member or manager of the limited liability mpany:	
	<u>Name</u> Shauna Romrell	Address 580 Jensen Grove Dr., Blackfoot, ID 83221	
 Mailing address for future correspondence (annual report notices): P O Box 339, Blackfoot, ID 83221 			
6. Future effective date of filing (optional):			
Signa	ature of a manager, member or a	uthorized	
_	d Name: Shauna Romrell, President	Secretary of State use only	
Signa	ature		
Туре	d Name:	IDAHO SECRETARY OF STATE 10/02/2013 05:00	

CK: NOME CT: 127288 BH: 1392539 1 0 180.80 = 188.80 ORGAN LLC # 2