251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION 2012 DEC 20 AM II: 10

	(Instructions on back		SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is: TFES 523, 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 The (Name)	580 Jensen Grove Dr., Black (Street Address)	ofoot, ID 83221
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Shauna Romrell	Add 580 Jensen Grove Dr., Black	
	Mailing address for future correspond P.O. Box 339, Blackfoot, ID 83221		ces):
o, r	uture effective date of filing (optiona	l):	
Signa erso	ature of a manager, member or a	r=.w	·
-	d Name: Shauna Romreil, President		cretary of State use only
_	itured Name:		IDAHO SECRETARY OF STATE 12/20/2012 05:00 (: NONE CT: 127288 BH: 13523

9/21/2012

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