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 28 PM ≥ 03

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is:	
	TFES 641, LLC	y
	(Remember to include the words "Lim	ited 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 on Shauna Romrell, President (Name) Bethanie Mays, Assistant Secretary (Name)	PO Box 339, Blackfoot, ID 83221 PO Box 339, Blackfoot, ID 83221 PO Box 339, Blackfoot, ID 83221 (Address)
	(Name)	(Acdress)
	(Manag)	(Address)
5.	Mailing address for future correspondence (annual report notices): PO BOX 339 BLACKFOOT ID 83221 (Address)	
Signa	ature of organizer(s)	
Signa		Secretary of State use only

Rev. 11/2015

Signature:

Printed Name: --

Printed Name: Shauna Romrell, President

09/28/2017 05:00

CK: PREPAID CT: 127288 BH: 1605008 10 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

W 18922