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FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Z013 APR 30 PM 1:51 SECRETARY OF STATE

CK: NONE CT: 127288 BH: 1371818 1 0 100.00 = 100.00 ORGAN LLC # 1 0 20.00 = 20.00 EXPEDITE C #		(Instructions on back	c of application)	
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. (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shauna Romrell, President P.O. Box 339, 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 Signature Typed Name: Shauna Romrell, President 1044/36/213 65 88 88 1815 1818 88 1371818 1 8 188.88 87 188.88 88 1815 1818 18 1818 1818 1818 1	1. Th	e name of the limited liability cor	mpany is:	
580 Jensen Grove Dr., Blackfoot, ID 83221 (Street Address) P.O. Box 339, Blackfoot, ID 83221 (Mailing Address, I'r different than street address) 3. The name and complete street address of the registered agent: Title Financial Specialty Services, Inc (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shauna Romrell, President 5. Mailing address for future correspondence (annual report notices): P.O. Box 339, Blackfoot, ID 83221 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Signature Shauna Romrell, President Signature Typed Name: Signature Typed Name: Signature Typed Name: Signature Typed Name: IJAHO SECRETORY OF STATE 94 / 33 / 201	Ţ	FES 527, LLC., an Idaho Limited Liabili	ty Company	
P.O. Box 339, Blackfoot, ID 83221 (Mailing Address, I'different than street address) 3. The name and complete street address of the registered agent: Title Financial Specialty Services, Inc. (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shauna Romrell, President P.O. Box 339, Blackfoot, ID 83221 5. Mailling address for future correspondence (annual report notices): P.O. Box 339, Blackfoot, ID 83221 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Signature Shauna Romrell, President Signature Typed Name: Shauna Romrell, President IDANO SECRETARY OF STATE 94 730 / 2013 @ 55 80		•	~	
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Shauna Romrell, President 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. Secretary of State use only Signature Typed Name: Signature Typed Name: 1 BAHO SECRETARY OF STATE 94/380/2913 95:200 CK: MONE CT: 127288 8H: 1371818 1 \$ 186.89 = 199.89 EXPEDITE C. H.		•		
Shauna Romrell, President P.O. Box 339, 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. Secretary of State use only Typed Name: Signature Typed Name: IDAHO SECRETARY OF STATE O4/30/2013 05:00 CK: NONE CT: 127288 PM: 1371818 1 9 199.99 = 199.99 = 199.99 ROM RICH 1871818 1 9 199.99 = 199.99 = 199.99 ROM ILC 1871818			one member or manager of the limited liability	
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6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: IDAHO SECRETARY OF STATE 94/39/2013 95:99 CK: NONE CT: 127288 BH: 1371818 1 9 100.90 = 10	5. Ma	ailing address for future correspo	ndence (annual report notices):	
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Signature Typed Name: Shauna Romrell, President IDAHO SECRETARY OF STATE ### Available Box 07/2019 Description of State use only IDAHO SECRETARY OF STATE #### Available Box 07/2019 IDAHO SECRETARY OF STATE ##################################	6. Fi	uture effective date of filing (option	nal):	
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