

251

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 30 PM 1:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TFES 527, LLC., an Idaho Limited Liability Company

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

(Name)

580 Jensen Grove Dr., Blackfoot, ID 83221

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name**Address**Shauna Romrell, PresidentP.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.

Signature Typed Name: Shauna Romrell, President

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/30/2013 05:00
 CK: NONE CT: 127288 BH: 1371818
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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