## FILED EFFECTIVE



Signature: Rev. 01/2018

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2318-JAN 30 PM 12: 39

SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed

TFES 657, LLC	
(Remember to Include the words "L	imited Liability Company;" "Limited Company, "or the abbreviations L.L.C., LLC, or LC)
The complete street and mailing ad 580 Jensen Grove Dr., Blace	
(Street Address) PO Box 339, Blackfoot, ID 8	83221
(Mailing Address, if different)	
The name and complete street add	ress of the registered agent:
Title Financial Specialty Services Inc	580 Jensen Grove Dr., Blackfoot, ID 8322
(Nama)	(Askiress)
Shauna Romrell, President (Name)  Bethanie Mays, Asst Secret	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)
Rethanie Mays, Asst Secret	PO Box 339, Blackfoot, ID 83221  (Address)  ary PO Box 339, Blackfoot, ID 83221  (Address)
(Name) Bethanie Mays, Asst Secret (Name)	PO Box 339, Blackfoot, ID 83221  (Address)  ary PO Box 339, Blackfoot, ID 83221
(Name) Bethanie Mays, Asst Secret (Name)	PO Box 339, Blackfoot, ID 83221  (Address)  ary PO Box 339, Blackfoot, ID 83221  (Address)
(Name)  Bethanie Mays, Asst Secret (Name) (Name)	PO Box 339, Blackfoot, ID 83221 (Address)  (Address)  (Address)
(Name)  Bethanie Mays, Asst Secret (Name)  Name)  Name)  Mailing address for future correspon	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)  (Address)
(Name)  Bethanie Mays, Asst Secret (Name) (Name)	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)  (Address)  (Address)
Name)  Mailing address for future correspond (Address)	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)  (Address)  (Address)
Name)  Name)  Mailing address for future correspond (Address)  Ture of organizer(s).	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)
Name)  Mailing address for future correspond (Address)	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)  (Address)  (Address)  dence (annual report notices):  ot, ID 83221  esident  Secretary of State use only
Bethanie Mays, Asst Secret (Name)  Name)  Mailing address for future correspon (Address)  ture of organizer(s). d Name: Shauna Romrell, Pre	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)
Name)  Name)  Mailing address for future correspond (Address)  Ture of organizer(s).	PO Box 339, Blackfoot, ID 83221  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  Secretary of State use only  IDAHO SECRETARY OF STATE

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