

251

FILED EFFECTIVE

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 DEC 10 PM 2:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TFES 521, LLC

2. The complete street and mailing addresses of the initial designated office:

580 Jensen Grove Drive, Blackfoot, ID 83221

(Street Address)

PO 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 Speciality Services Inc

(Name)

580 Jensen Grove Drive, 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 Romrell580 Jensen Grove Drive, Blackfoot, ID 83221

5. Mailing address for future correspondence (annual report notices):

PO 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
12/10/2012 05:00
CK: NONE CT: 127288 RH: 1350760
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