

251

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 AUG -9 AM 11:48  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TFES #519, 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

580 Jensen Grove Dr., 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  
08/09/2012 05:00  
CK: NONE CT: 127200 BH: 1335317  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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