

FILED EFFECTIVE

251



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 DEC -9 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TFES 543, LLC

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

Shauna Romrell, President

Address

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

Secretary of State use only

Signature _____

Typed Name: _____

W131817