



0004784869

**STATE OF IDAHO***Office of the secretary of state, Lawerence Denney***AMENDMENT TO CERTIFICATE OF  
ORGANIZATION OF LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0004784869

Date Filed: 6/15/2022 5:55:33 PM

Amendment to Certificate of Organization of Limited Liability Company											
Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$30)									
The current name of the limited liability company is:		TRI-COUNTY VIDEO & ALARM, LLC									
The file number of this entity on the records of the Idaho Secretary of State is:		0000492315									
Entity Type:		Limited Liability Company									
Entity Subtype:		Limited Liability Company									
The date the certificate of organization was originally filed:		2016-02-11 12:00:00.000									
Limited Liability Company Name											
Entity name		TRI-COUNTY VIDEO & ALARM, LLC									
2. The complete street address of the principal office is amended to:											
Principal Office Address		429 HEAVENLY LANE NORDMAN, ID 83848									
3. The mailing address of the principal office is amended to:											
Mailing Address		PO BOX 433 NORDMAN, ID 83848-0433									
4. Managers and Members											
<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Forrest Magers</td> <td>Manager</td> <td>PO BOX 433 NORDMAN, ID 83848</td> </tr> <tr> <td><input checked="" type="checkbox"/> Celin Summers</td> <td>Member</td> <td>PO BOX 69 PRIEST RIVER, ID 83856</td> </tr> </tbody> </table>			Name	Title	Address	Forrest Magers	Manager	PO BOX 433 NORDMAN, ID 83848	<input checked="" type="checkbox"/> Celin Summers	Member	PO BOX 69 PRIEST RIVER, ID 83856
Name	Title	Address									
Forrest Magers	Manager	PO BOX 433 NORDMAN, ID 83848									
<input checked="" type="checkbox"/> Celin Summers	Member	PO BOX 69 PRIEST RIVER, ID 83856									
Signature of Authorized Person:											
<i>Forrest Magers</i>		<i>06/15/2022</i>									
Sign Here		Date									

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