

FILED EFFECTIVE

254



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

2018 MAR -8 PM 4:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
HEALTH & WELLNESS SLEEP INSTITUTE OF POCA TELLO, LLC
2. The date the certificate of organization was originally filed : 11 AUG 2006
3. The name of the limited liability company is amended to:
HEALTH & WELLNESS SLEEP INSTITUTE OF POCA TELLO, LLC
4. The complete street and mailing addresses of the principal office is amended to:
98 POPLAR STREET
(Street Address)
BLACKFOOT, ID 83221
(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:
98 POPLAR STREET, BLACKFOOT, ID 83221
(Address)
6. The name and address of the managers/members shall be amended as follows:

Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	<u>Leslie Edna Helene Poulos - Edna</u>	<u>9205 W. Abby, Pocatello, ID 83204</u>
		(Name)	(Address)
Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	<u>David Rice Cynthia Rice</u>	<u>2277 Clinton Ln. Pocatello, ID 83204</u>
		(Name)	(Address)
	Delete: <input checked="" type="checkbox"/>	<u>Daron Scherr / Susan Scherr</u>	<u>248 Springwood Ln. Idaho Falls, ID 83404</u>
Add: <input checked="" type="checkbox"/>	Delete: <input type="checkbox"/>	<u>John Fullmer, CFO</u>	<u>98 Poplar Street, Blackfoot, ID 83221</u>
		(Name)	(Address)

7. Signature of a manager, member, or authorized person.

Printed Name: Cynthia M. RiceSignature: Cynthia M. RicePrinted Name: John FullmerSignature: John Fullmer

Secretary of State use only

IDAHO SECRETARY OF STATE

03/09/2018 05:00

CK:17053104 CT:172099 BH:1631267

1@ 30.00 = 30.00 ORGAN AMEN #2

1@ 20.00 = 20.00 EXPEDITE C #3

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