	CERTIFICA	IENDMENT TO TE OF ORGANIZAT LIABILITY COMPAN	
		on back of application)	SECRED BY UP STAT STATE OF EMHO
1.	The name of the limited lial		Unar of Erdiv
		NorthWest Capital Improvement Gro	up, LLC.
2.	The name of the limited lial	bility company is amended to re	ead:
3.	The date the certificate of c	organization was originally filed	March 27 2013
4.	The complete street and m amended to:	ailing addresses of the design	ated principal office is
5.			
0.	I ne mailing address for futi	ure correspondence (annual re	ports) is amended to:
6.		ure correspondence (annual re 	· · · · · · · · · · · · · · · · · · ·
	The name and address of the <u>Name</u>	he managers/members shall b	e amended as follows:
	The name and address of the <u>Name</u>	he managers/members shall b <u>Address</u>	e amended as follows:
	The name and address of the <u>Name</u>	he managers/members shall b <u>Address</u>	e amended as follows:
	The name and address of the <u>Name</u>	he managers/members shall b <u>Address</u> 9 E Shore Dr, Eagle ID 83616	e amended as follows:
6.	The name and address of th <u>Name</u> John McClure 439 Signature of an authorized p Mature	he managers/members shall b <u>Address</u> 9 E Shore Dr, Eagle ID 83616	e amended as follows: <u>Add Delete Other</u> Delete Other
6. 7.	The name and address of th <u>Name</u> John McClure 439 Signature of an authorized p	he managers/members shall b <u>Address</u> 9 E Shore Dr, Eagle ID 83616	e amended as follows:
6. 7. Sigi	The name and address of th Name John McClure 439 Signature of an authorized p nature Jason Haas ed Name	he managers/members shall b <u>Address</u> 9 E Shore Dr, Eagle ID 83616	e amended as follows: <u>Add Delete Other</u> Delete Other
6. 7. Sigi	The name and address of th <u>Name</u> John McClure 439 Signature of an authorized p Mature Jason Haas	he managers/members shall b <u>Address</u> 9 E Shore Dr, Eagle ID 83616	e amended as follows: Add Delete Other Delete Other Secretary of State use only DAHO SECRETARY OF STATE
6. 7. Sigi Typ	The name and address of th Name John McClure 439 Signature of an authorized p nature Jason Haas ed Name	he managers/members shall b <u>Address</u> 9 E Shore Dr, Eagle ID 83616	e amended as follows: Add Delete Other