

254

FILED EFFECTIVE

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JAN -7 AM 10: 50

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

LAXMI GF LLC

2. The name of the limited liability company is amended to read:

3. The date the certificate of organization was originally filed : 10/17/13

4. The complete street and mailing addresses of the designated principal office is amended to:

5. The mailing address for future correspondence (annual reports) is amended to:

6. The name and address of the managers/members shall be amended as follows:

Name	Address	Add	Delete	Other
SHIFA TWIN FALLS LLC	444 Hospital Way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SHIFA GF LLC	444 Hospital Way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MMOSA TWIN FALLS LLC	444 Hospital Way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MMOSA GF LLC	444 Hospital Way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

7. Signature of an authorized person.

Signature

Fahim Bahim

Typed Name

Signature

Nasem Bahim

Typed Name

Secretary of State use only

W13025-9

 IDAHO SECRETARY OF STATE
 01/07/2014 05:00
 CK: 1662916 CT: 172099 BH: 1404689
 I E 30.00 = 30.00 ORGAN AMEN # 4