

FILED EFFECTIVE **AMENDMENT TO** CERTIFICATE OF ORGANIZATION JUN -9 AM 9: 15 LIMITED LIABILITY COMPANY

(Instructions on back of application)

	The name of the lin	nited liability company is:	8		(L)
		North Idaho Surgical Cooperativ	e, LLC		
	The name of the lin	nited liability company is amended to	read:		
	The date the certific	cate of organization was originally file	:d:	July 19, 20	10
	The complete street and mailing addresses of the designated principal office is amended to:				
		1296 E. Poiston Ave Suite B Post Falls	, Idaho 83	854	
	The mailing address for future correspondence (annual reports) is amended to:				
	1296 E. Polston Ave Suite B Post Falls, Idaho 83854				
	The name and add Name Joseph Bowen	ress of the managers/members shall <u>Address</u> 1107 Ironwood Dr Coeur d'Alene, ID	be amer <u>Add</u>	nded as follo	lows: <u>Other</u>
	Jeremy Roper	1296 E.Polston #B, Post Falls, ID	. 니 [기	<u> </u>	
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/_	Signature of an aut				
Signa	ature -	arized person.	Sec	etary of State	ise only
	Signature of an aut dure Angela Carlson		10X 06	/09/20:	ARY OF STATE 14 05:00
	Angela Carlson		10A 06 K:4084	KO SECRET: /09/20: CT:249	ARY OF STATE

amend_domestic_LLC.pmd Rev.07/2010