

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JAN 25 AM 8: 57

SECRETARY OF STATE STATE OF IDAHO

| 1. The name of the limited liability company is:  FORREST & MAIN LLC  If the LLC has been administratively dissolved and the name is no longer available for use, #3 below must include an amendment of name of the articles of organization were filed was:  May 14, 200  COMPLETE ONLY THE APPLICABLE ITEMS  3. The name of the limited liability company is amended to read:  4. The management of the limited liability company shall henceforth be very limited liability company shall henceforth be very limited. | III.                     |
|--|--------------------------|
| If the LLC has been administratively dissolved and the name is no longer available for use, #3 below must include an amendment of name of the articles of organization were filed was:  May 14, 200  COMPLETE ONLY THE APPLICABLE ITEMS  The name of the limited liability company is amended to read:   | III.                     |
| 2. The date the articles of organization were filed was:  COMPLETE ONLY THE APPLICABLE ITEMS  The name of the limited liability company is amended to read:  | III.                     |
| <ul> <li>The date the articles of organization were filed was: May 14, 200</li> <li>COMPLETE ONLY THE APPLICABLE ITEMS</li> <li>The name of the limited liability company is amended to read:</li> </ul>   | III.                     |
| 3. The name of the limited liability company is amended to read:   |                          |
|  |                          |
| 4. The management of the limited liability company shall henceforth be ve  |                          |
| Manager(s) Members  5. The information on the managers/members shall be amended as follows:  |                          |
|  | Delete Other             |
| Name Address Add<br>Michael Glen PO Box 370,   |                          |
| Boxberger Cascade, ID 83611  | <u> </u>                 |
|  |                          |
|  |                          |
|  |                          |
|  | <u></u>                  |
|  |                          |
| 6. Signature of at least one manager, if any, or at least one member.  | ·                        |
| Signature: Secretary   | of State use only        |
| Typed Name: Thomas I McGlashen 1   |                          |
| Capacity: Manager  |                          |
| Capacity: Manager  Signature: Howe & Welsher  Typed Name:  | •<br>•                   |
| Typed Name:  | IDAHO SECRETARY OF STATE |
| Capacity: & Ø:   |                          |

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