

FILED EFFECTIVE

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 DEC 30 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

GLACIER INSURANCE SERVICES LLC
2. The name of the limited liability company is amended to read:

3. The date the certificate of organization was originally filed : 6/21/02
4. The complete street and mailing addresses of the designated principal office is amended to:

609 N SYRINGA STREET, POST FALLS ID 83854
5. The mailing address for future correspondence (annual reports) is amended to:

609 N SYRINGA STREET, POST FALLS ID 83854
6. The name and address of the managers/members shall be amended as follows:

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
RYAN BARNES	2050 N WESTWIND DR PF ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
DONALD KLINE	9390 N MAPLE ST HAYDEN ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Signature of an authorized person.

Signature

JAMES D DICKINSON

Typed Name

Signature

Typed Name

Secretary of State use only

W19712

IDAHO SECRETARY OF STATE
 12/30/2013 05:00
 CK: 23811 CT: 26377 BH: 1483528
 1 @ 30.00 = 30.00 ORGAN AMEN # 2