

Typed Name

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 OCT 29 AM 8: 50

SECRETARY OF STATE STATE OF IDAHO

(instruc	tions on back of application)		•	
The name of the limite	ed liability company is:	· · · · · · · · · · · · · · · · · · ·		
	Apple Valley Feeders, L.	L.C.		
				
The name of the limite	ed liability company is amended (o read:		·
The date the certifical	e of organization was originally f	iled :(October 30, 2002	
The complete street a amended to:	and mailing addresses of the des	ignated p	incipal office is	
<u>. </u>	1555 Shoreline Dr. Ste 320, Bois	se ID 83702		
	or future correspondence (annua 1555 Shoreline Dr. Ste 320, Bok as of the managers/members sha Address	se ID 83702		
W.B. Rawiings	1555 Shoreline Dr. Ste 320, Boise		Manager	
Jeffrey S. Johnson	24007 Highway 20-26, Parma, ID		Manager	
Dr Edward G. Johnson	24007 Highway 20-26, Parma, ID		Manager	
Signature of an author	rized person.			
nature				
W.B. Rawlings		Secretary of State use only IDAHO SECRETARY OF STATE		
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