

254

FILED EFFECTIVE



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

2008 SEP -3 PM 3: 40

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

- 1. The name of the limited liability company is:**

Bear River Chiropractic, 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.

2. The date the articles of organization were filed was: 12/13/2006

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 vested in:

☒ Manager(s) ☐ Members

- 5. The information on the managers/members shall be amended as follows:**

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
<u>Jared M Shelton</u>	<u>45 W Center St. Soda Springs, ID 83276</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<u>Shenandoah Troumbly</u>	<u>45 W Center St. Soda Springs, ID 83276</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
<u>Katherine Troumbley</u>	<u>45 W Center St. Soda Springs, ID 83276</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>

6. **Signature of at least one manager, if any, or at least one member.**

Signature: W. H. C. D.

Typed Name: JARED SHELTON DC

Capacity: Manager

Signature: 

Typed Name: Shenandoah Townsend *OK*

Capacity: Parades

Secretary of State use only

IDAHO SECRETARY OF STATE
09/03/2008 05:00
CK: 149648 CT: 172099 BH: 1134266
1 @ 30.00 = 30.00 ORGAN AMEN # 2

• Web Editor

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