



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 DEC 20 PM 12:10
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Experiential Adventures, LLC

2. The name of the limited liability company is amended to read:

N/A

3. The date the certificate of organization was originally filed : April 20, 2007

4. The complete street and mailing addresses of the designated principal office is amended to:

5. The mailing address for future correspondence (annual reports) is amended to:

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>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Geoff Harrison	1802 North 26th St, Boise, ID 83702	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Signature of an authorized person.

Signature

Mat Erpelding

Typed Name

Signature

Geoff Harrison

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
12/20/2012 05:00
CK: 1229637 CT: 172099 BH: 1352337
1 @ 30.00 = 30.00 ORGAN AMEN # 2

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