



0005941682

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***AMENDMENT TO CERTIFICATE OF
ORGANIZATION OF LIMITED LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005941682

Date Filed: 10/15/2024 9:15:57 AM

<p>Filing Fee Selected Service Type: Standard (filing fee \$30) The current name of the limited liability company is: EMERALD CREEK INSURANCE AGENCY, LLC The file number of this entity on the records of the Idaho Secretary of State is: 0000581679 Entity Type: Limited Liability Company Entity Subtype: Limited Liability Company The date the certificate of organization was originally filed: 2017-12-11 12:00:00.000</p>														
<p>Limited Liability Company Name Entity name EMERALD CREEK INSURANCE AGENCY, LLC</p>														
<p>2. The complete street address of the principal office is amended to: Principal Office Address MARY WADE 1904 MAIN AVENUE SAINT MARIES, ID 83861</p>														
<p>3. The mailing address of the principal office is amended to: Mailing Address MARY WADE 1904 MAIN AVENUE SAINT MARIES, ID 83861</p>														
<p>4. Managers and Members</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Mary D Wade</td> <td>Manager</td> <td>1904 MAIN AVENUE SAINT MARIES, ID 83861</td> </tr> <tr> <td><input checked="" type="checkbox"/> Brian C Wade</td> <td>Member</td> <td>1904 MAIN AVENUE SAINT MARIES, ID 83861</td> </tr> <tr> <td><input checked="" type="checkbox"/> Ariel C McGuire</td> <td>Member</td> <td>1904 MAIN AVENUE SAINT MARIES, ID 83861</td> </tr> </tbody> </table>			Name	Title	Address	<input checked="" type="checkbox"/> Mary D Wade	Manager	1904 MAIN AVENUE SAINT MARIES, ID 83861	<input checked="" type="checkbox"/> Brian C Wade	Member	1904 MAIN AVENUE SAINT MARIES, ID 83861	<input checked="" type="checkbox"/> Ariel C McGuire	Member	1904 MAIN AVENUE SAINT MARIES, ID 83861
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<p>Signature of Authorized Person:</p> <p><i>Mary D Wade</i> <i>10/15/2024</i></p> <p>Sign Here Date</p>														