

pg 1 of 2



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 JAN 13 PM 4:12

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

- The name of the limited liability company is:  
VARIETAL, LLC
- The name of the limited liability company is amended to read:  
Varietal, LLC
- The date the certificate of organization was originally filed: 3-8-2010
- The complete street and mailing addresses of the designated principal office is amended to:  
7549 Pheasant Chase Dr. Lewiston, ID 83501
- The mailing address for future correspondence (annual reports) is amended to:  
"
- The name and address of the managers/members shall be amended as follows:
 

Name	Address	Add	Delete	Other
<u>Leisha Evangelho</u>	<u>7549 Pheasant Chase Dr.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Holly Bonnalie</u>	<u>3617 12<sup>th</sup> St. Lewiston, ID 83501</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Robert E. Johnson</u>	<u>2001 N. Chase Post Falls, ID</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

- Signature of an authorized person.

Holly Bonnalie  
Signature

Holly Bonnalie  
Typed Name

Leisha Evangelho  
Signature

Leisha Evangelho  
Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE  
01/13/2014 05:00  
CK: 1670000 CT: 172099 BH: 1405744  
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W91316



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Pg 2 of 2

(Instructions on back of application)

1. The name of the limited liability company is:

WARTHEAL, LLC

- CONTINUED

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

3. The date the certificate of organization was originally filed: \_\_\_\_\_

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:

Name	Address	Add	Delete	Other
<u>Steve M. Jacobson</u>	<u>201 N. CHASE POST FMS, D2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Signature of an authorized person.

Signature

Typed Name

Signature

Typed Name

Secretary of State use only