

2013 JUL 29 AM 11:10



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

SINVESTMENTS, LLC

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

3. The date the certificate of organization was originally filed : 07 NOV 2006

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
John Toth	2026 S. Whisper Cove Wy, Boise, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Kristy Toth	2026 S. Whisper Cove Wy, Boise, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Barry Werner	3111 S. Bown Wy, Boise, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Signature of an authorized person.

PRIMECOTS, LLC MEMBER

by

Signature

Barry Werner, Member

Typed Name

Signature

Typed Name

Secretary of State use only

 IDAHO SECRETARY OF STATE
 07/29/2013 05:00
 CK: 132758 CT: 1177 BH: 1303917
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AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

1. The name of the limited liability company is:

INVESTMENTS, L.L.C.

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

3. The date the certificate of organization was originally filed : 07 NOV 2008

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

2025 S. WHISPER COVE WY., BOISE, ID 83709

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

2025 S. WHISPER COVE WY., BOISE, ID 83709

6. The name and address of the managers/members shall be amended as follows:

Name	Address	Add	Delete	Other
PRIME LOTS, LLC	2025 S. WHISPER COVE WY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	BOISE, ID 83709	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

7. Signature of an authorized person.

Signature

BARRY WERNER, MEMBER

Typed Name

Signature

Typed Name

Secretary of State use only

W56056