



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

05 SEP -6 PM 12:00

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Hickory Pointe Construction 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:

3/24/2005

### COMPLETE ONLY THE APPLICABLE ITEMS

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

Hickory Pointe Construction LLC

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>Mark Nichols</u>	<u>2504 E Iowa Ave Nampa ID 83686</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>                    </u>
<u>Jody Christopherson</u>	<u>3265 S Jupiter Ave, Boise ID 83709</u>	<input checked="" type="checkbox"/>	<input 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>
<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: *Arron Christopherson*  
Typed Name: Arron Christopherson  
Capacity: Manager

Signature: \_\_\_\_\_  
Typed Name: \_\_\_\_\_  
Capacity: \_\_\_\_\_

Secretary of State use only

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Revised 08/2004

IDAHO SECRETARY OF STATE  
09/06/2005 05:00  
CK: 4394 CT: 187213 DN: 910011  
1 @ 30.00 = 30.00 ORGAN AMEN # 3

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