

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANYOI SEP 26 All 8: 50

(Instructions on back of application)

| 1.   | The name of the limite  | ed liability company is:  | The K                 | _                    | E OF TOAHO                 | •   |       |
|--|---|---|-----------------------|----------------------|----------------------------|---|-------|
|  |   |   |                       | erasen               | <u> </u>                   | <u></u>                                   | •     |
| 2.   | The date the articles of organization were filed was:                 |   |                       |                      |                            |   |       |
|  | COMPLETE ONLY T   | HE APPLICABLE ITEM  | <u>s</u>              |                      |                            | A   |       |
| 3.   | . The name of the limited liability company is amended to read:       |   |                       |                      |                            |   |       |
| 4.   | The latest date certair read:   | n upon which the limited  | liability con         | npany will d         | issolve is                 |   | 1     |
| 5.   | and the minited mapping applied and interfector in the Aested III 25. |   |                       |                      |                            |   |       |
| 6.   |   | lanager(s)         \\<br>anagers/members shall b<br><u>Address:</u> | lembers.<br>De amende | d as follows<br>Add: | s:<br><u>Delete:</u>       | Other:                                    | 1     |
|  | Melody Turner   | 30552 Bonder Rd Par   | Ma 1D 83466           |                      | ×                          | <u></u>                                   |       |
| ,  | Tam. Trout  | 106435. Maple Grove Bo  | 1£83769               |                      | M .                        |   |       |
| 1  | Samantha Howard   | BO. Box 384 Parma   | D83660                | $\boxtimes$          |                            |   |       |
|  |   |   | <del></del>           |                      |                            |   |       |
|  |   |   |                       |                      |                            | Some was                                  | ~ 987 |
|  |   |   |                       |                      |                            |   |       |
|  |   |   |                       |                      |                            |   |       |
|  |   |   |                       |                      |                            |   |       |
| 7.   | Signature of at least of  | ne manager, if any, or a  | t least one           | member.              |                            |   |       |
| Signature Samantha Altoward Members  Typed Name Signature Capacity  Signature Capacity  Typed Name Capacity  Capacity  Secretary of State use only  IDAHO SECRETARY OF STATE  10/04/2001 05:0  CK: 1663 CT: 152885 BH: 4221  1 9 30.00 CRGAN ANEI  CAPACITY  CAP |   |   |                       |                      |                            | only                                      |       |
| Signa  | ature   |   | and dome:<br>1/2001   |                      | DAHO SECRETARY             | OF STATE                                  |       |
| Туре   | d Name  | Capacity  | forms\ame             | CK: 1(<br>1 0 30.    | 63 CT: 15288<br>80 = 30.00 | L 05:00<br>5 BH: 422696<br>ORGAN AMEN # 2 |       |
|  |   |   | pYorms\iic            | h                    | 11153                      | )   |       |