



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2016 NOV -7 AM 9:45

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
Providence Development Group, LLC

2. The date the certificate of organization was originally filed : September 17, 1998

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

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

(Street Address)

(Mailing Address, if different)

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

(Address)

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

Add:  Delete:  Randi Meredith 701 S. Allen Street, Suite 104, Meridian, ID 83642  
(Name) (Address)

Add:  Delete:  Layne Bell 701 S. Allen Street, Suite 104, Meridian, ID 83642  
(Name) (Address)

Add:  Delete:  Joe Swenson 701 S. Allen Street, Suite 104, Meridian, ID 83642  
(Name) (Address)

7. Signature of a manager, member, or authorized person.

Printed Name: E. Don Hubble, Managing Member

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/07/2016 05:00

CK:36406 CT:140096 BH:1554142  
I@ 30.00 = 30.00 ORGAN AMEN #2

W6948



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\_\_\_\_\_  
(Street Address)

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(Mailing Address, if different)

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

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

Add:  Delete:  James Merkle 701 S. Allen Street, Suite 104, Meridian, ID 83642  
(Name) (Address)

Add:  Delete:  Michelle Jacobi 701 S. Allen Street, Suite 104, Meridian, ID 83642  
(Name) (Address)

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

7. Signature of a manager, member, or authorized person.

Printed Name: E. Don Hubble, Managing Member

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

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