



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.

112
FILED EFFECTIVE

2017 MAR 29 PM 4:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
INTERMOUNTAIN NEUROVISION LLC
2. The date the certificate of organization was originally filed : 10/01/2010
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:
19593 MADISON RD NAMPA ID 83687
(Address)
6. The name and address of the managers/members shall be amended as follows:
Add: ☐ Delete: ☒ Joseph M Verska MD 360 E Montvue Dr Ste 100 Meridian ID 83642
(Name) (Address)
Add: ☐ Delete: ☐ _____
(Name) (Address)
Add: ☐ Delete: ☐ _____
(Name) (Address)
7. Signature of a manager, member, or authorized person.

Printed Name: DR. Richard M. Verska

Signature: [Signature]

Printed Name: Scott Jackson

Signature: [Signature]

Secretary of State use only

IDAHO SECRETARY OF STATE

03/30/2017 05:00

CK:13121926 CT:172099 BH:1576262

1@ 30.00 = 30.00 ORGAN AMEN #2

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19593 MADISON RD NAMPA ID 83687
(Address)
6. The name and address of the managers/members shall be amended as follows:

Add:	<input checked="" type="checkbox"/>	Delete:	<input type="checkbox"/>	<u>BRIAN TATOMIR</u> (Name)	<u>30251 Golden Lantern Dr Ste E577 Laguna Niguel CA</u> (Address)	92677
Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>Richard E Manos MD</u> (Name)	<u>360 E Montvue Dr Ste 100 Meridian ID 83642</u> (Address)	
Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>Samuel S Jorgenson MD</u> (Name)	<u>360 E Montvue Dr Ste 100 Meridian ID 83642</u> (Address)	

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

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

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