

Printed Name: Lee Waddell

Signature: Rev. 06/2016

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2817 OCT 27 AM 9: 08

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$30.00.

Complete and submit the application in <u>duplicate</u>.

| | nany is: |
|--|---|
| The name of the limited liability comp | vally 15. |
| North Region Construction, LLC | • |
| | 19 |
| The date the certificate of organization | 2014 |
| The date and deciments or organization | |
| The name of the limited liability comp | pany is amended to: |
| North Region Construction, LLC | |
| The complete street and modified and | leason of the principal office in amanded to: |
| | resses of the principal office is amended to: |
| 3115 E. Thomas Lane | |
| (Street Address) | |
| Coeur d' Alene, ld 83815 | |
| (Mailing Address, if different) | |
| 3115 E. Thomas Lane, Coeur d' Ale | ene, ld 83815 |
| 3115 E. Thomas Lane, Coeur d' Ale (Address) The name and address of the management (Address) | gers/members shall be amended as follows: |
| (Address) The name and address of the management of the managemen | |
| (Address) The name and address of the management of the managemen | gers/members shall be amended as follows: |
| (Address) The name and address of the management of the manageme | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 |
| (Address) The name and address of the manage Diana Waddell (Name) Delete: | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 (Address) |
| (Address) The name and address of the management of the managemen | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 |
| (Address) The name and address of the manage Diana Waddell (Name) Delete: (Name) | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 (Address) |
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| (Address) The name and address of the manage Diana Waddell (Name) Delete: (Name) (Name) | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 (Address) (Address) |
| (Address) The name and address of the manage Diana Waddell (Name) Delete: (Name) (Name) Compared to the manage (Name) | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 (Address) (Address) |
| (Address) The name and address of the manager, member, or a | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 (Address) (Address) |
| (Address) The name and address of the manage Diana Waddell (Name) Delete: (Name) (Name) | gers/members shall be amended as follows: 2902 W. Riverbend Ave, Post Falls ID 83854 (Address) (Address) (Address) Secretary of State use only IDAHO SECRETARY OF STATE |

10 30.00 = 30.00 ORGAN AMEN #2