



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 OCT 27 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Podiatry Services of Idaho, PLLC

2. The date the certificate of organization was originally filed : 4/3/2015

3. The name of the limited liability company is amended to:
Podiatry Services of Idaho, PLLC

4. The complete street and mailing addresses of the principal office is amended to:
1105 East Ustick Road, Caldwell, ID 83605
(Street Address)

(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:
15100 10th Avenue, Caldwell, ID 83607
(Address)

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

| | | | |
|--|----------------------------------|-----------------------|------------------------------------|
| Add: <input checked="" type="checkbox"/> | Delete: <input type="checkbox"/> | Camille E Harris, DPM | 15100 10th Ave, Caldwell, ID 83607 |
| | | (Name) | (Address) |
| <hr/> | | | |
| Add: <input checked="" type="checkbox"/> | Delete: <input type="checkbox"/> | Jerry D Harris | 15100 10th Ave, Caldwell, ID 83607 |
| | | (Name) | (Address) |
| <hr/> | | | |
| Add: <input type="checkbox"/> | Delete: <input type="checkbox"/> | | |
| | | (Name) | (Address) |

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

Printed Name: Camille E Harris, DPM

Signature: Camille E Harris, DPM

Printed Name: Jerry D Harris

Signature: Jerry D Harris

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2016 05:00

CK:2389 CT:283596 BH:1552609
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