



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.

2017 AUG 24 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
P n P DISPATCH LLC
2. The date the certificate of organization was originally filed : 8-5-2011
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:
1306 e 4100 n Buhl Id 83316
(Street Address)
po box 625 Buhl Id 83316
(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:
PO Box 625 Buhl Id 83316
(Address)
6. The name and address of the managers/members shall be amended as follows:

Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>penny crott</u>	<u>1306 e 4100 n buhl Id 83316</u>	
				(Name)	(Address)	
Add:	<input checked="" type="checkbox"/>	Delete:	<input type="checkbox"/>	<u>Penny Owens</u>	<u>1306 e 4100 n buhl Id 83316</u>	<u>NAME CHANGE</u>
				(Name)	(Address)	
Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>Amanda Perkins</u>	<u>po box 1768 Carlin Nv</u>	
				(Name)	(Address)	

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

Printed Name: Penny Owens

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/24/2017 05:00

CK:2744 CT:344604 BH:1599633
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PO Box 625 Buhl Id 83316
(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>PAMELA VASQUEZ</u>	<u>500 Colton St New Plymouth Id 83655</u>
		(Name)	(Address)
Add: <input type="checkbox"/>	Delete: <input type="checkbox"/>	_____	_____
		(Name)	(Address)
Add: <input type="checkbox"/>	Delete: <input type="checkbox"/>	_____	_____
		(Name)	(Address)

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

Printed Name: Penny Owens

Signature: _____

Printed Name: _____

Signature: _____

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