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AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 12 AM 10: 10 SECRETARY OF STATE STATE OF IDAHO

| | Prime Investments, LL | C (W 27- | 454) | | |
|--|---|------------|--|----------------------------|-----------------------------|
| The name of the limit | ed liability company is amen | ded to r | ead: | | |
| The date the certifica | te of organization was origin | ally filed | l; | 12/19/20 | 03 |
| The complete street amended to: | and mailing addresses of the | e desigr | ated pri | ncipal of | ice is |
| The mailing address | for future correspondence (a | nnualr | eports) is | amende | ed to: |
| | | | | | |
| The name and addre <u>Name</u> | ss of the managers/member Address | rs shall t | oe amen Add | ded as fo <u>Delete</u> | ollows: Other |
| | ss of the managers/member <u>Address</u> 2078 S. Fork Circle, Sugar C | | | ded as fo | ollows: Other Manager |
| <u>Name</u> | <u>Address</u> | ity, ID | Add | ded as fo Delete | Other |
| Name Russel Michaelson | Address 2078 S. Fork Circle, Sugar C | ity, ID | Add | ded as fo Delete | Other Manager |
| Name Russel Michaelson Michelle Michaelson Signature of an authorize ursel Michaelson, Trust | Address 2078 S. Fork Circle, Sugar C 2078 S. Fork Circle, Sugar C | ity, ID | Add \begin{align*} \begin{align*} \ | ded as for Delete | Other Manager Manager |
| Name Russel Michaelson Michelle Michaelson Signature of an authorize ursel Michaelson, Trust | Address 2078 S. Fork Circle, Sugar C 2078 S. Fork Circle, Sugar C priked person. | ity, ID | Add | Delete | Other Manager Manager |
| Name Russel Michaelson Michelle Michaelson Signature of an authours | Address 2078 S. Fork Circle, Sugar C 2078 S. Fork Circle, Sugar C priked person. | ity, ID | Add | Delete | Other Manager Manager |

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