275

FILED EFFECTIVE



Typed Name

AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY



(instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

		21VIE -
1. The name of the p	partnership authority is:	•
	BOX CANYO	ON DAIRY
	its statement of partnership auth	•
Secretary of State	was March 1, 2011	and its domestic state is: Idaho
3. The statement of	partnership authority is amende	d as follows: [check appropriate box(es)]
☐ a. The name of t	he partnership authority is amend	ded to read:
☑ b. The name of e	each withdrawing partner is:	
FRANS AARDEM	<u> </u>	
JEANNIE WOLVE	RTON, LLC	
C c. The name and		partner is: (if more space is needed, continue in block e)
JEANNIE ONAIN	DIA, LLC	
•	of partiners added or removed for a	authorization to execute an instrument transferring
Add:	JEANNIE ONAINDIA, LLC	
Remove:	FRANS AARDEMA, LLC	JEANNIE WOLVERTON, LLC
	nents (optional): dress is amended to: PO. Box 140,	Wendeli, ID 83355
	·	
Signature of at least t	wo (2) partners:	<u></u>
Signature		Secretary of State use only
.) [] [] [] [] [] [] [] [] [] [raingia, Member of Jeannie Onaindia, LLC, P.	
		- CK:19733494 CT:172099 BH:10
Typed Name Jermy Cr	aig, Member of Jerimy Cralg, LLC, Partner	1@ 30.00 = 30.00 STMT AME
Signature	anaindia, Member of Jeannie Onaindia, LLC, P. aig, Member of Jerimy Cralg, LLC, Partner	07/26/2018 01 - 28 CK:19733494 CT:172099

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IDAHO SECRETARY OF STATE 07/26/2018 05:00

CK:19734292 CT:172099 BH:1655626 16 20.00 = 28.80 EXPEDITE C #2