



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

APR 17 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Nurse Practitioner Extended Services PLLC

2. The name of the limited liability company is amended to read:

3. The date the certificate of organization was originally filed :

9
12/10

4. The complete street and mailing addresses of the designated principal office is amended to:

3082 Dartagnan Dr Pocatello ID 83201

5. The mailing address for future correspondence (annual reports) is amended to:

same as above

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

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Signature of an authorized person.

Laura Thompson
Signature

Laura Thompson
Typed Name

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
04/17/2012 05:00
CK: 1619 CT: 269398 BH: 1320145
1 @ 30.00 = 30.00 ORGAN AMEN # 2

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