



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED/EFFECTIVE

2002 AUG -1 AM 9:09

STATE OF IDAHO

1. The name of the limited liability company is: Continental Divide
Outfitters, LLC
2. The date the articles of organization were filed was: 8-6-99

COMPLETE ONLY THE APPLICABLE ITEMS

3. The name of the limited liability company is amended to read: Continental Divide Outfitters, LLC
4. The latest date certain upon which the limited liability company will dissolve is amended to read: perpetual
5. The management of the limited liability company shall henceforth be vested in
☐ Manager(s) ☒ Members.
6. The information on managers/members shall be amended as follows:

| Name: | Address: | Add: | Delete: | Other: |
|------------------|----------------------------|-------------------------------------|-------------------------------------|---------|
| Michael Cummings | P.O. Box 132 North Fork ID | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Craig Bortin | P.O. Box 217 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Stay ON |
| BRAD FROENKE | P.O. Box 145 N. Fork ID | <input checked="" type="checkbox"/> | <input type="checkbox"/> | new |
| Delilah Froenke | P.O. Box 145 North Fork ID | <input checked="" type="checkbox"/> | <input type="checkbox"/> | new |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

7. Signature of at least one manager, if any, or at least one member.

Signature Delilah J. Froenke manager
Typed Name DELILAH FROENKE Capacity

Signature _____
Typed Name _____ Capacity

Secretary of State use only

IDAHO SECRETARY OF STATE
08/01/2002 05:00
CK: 3505 CT: 162369 BH: 480251
1 @ 30.00 = 30.00 ORGAN AMEN # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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