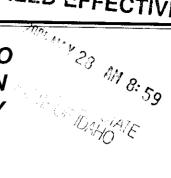


ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY



(Instr	uctions on back of application)	70 <
The name of the limi	ted liability company is:	
	North Kuna Development, LLC	(Page 1 0 F 2)
The date the articles	of organization were filed was:	February 11, 2002
COMPLETE ONLY	THE APPLICABLE ITEMS	
The name of the limit	ted liability company is amended to re	ad:
The latest date certal amended to read:	in upon which the limited liability comp	any will dissolve is
The management of	the limited liability company shall henc	eforth be vested in:
	✓ Manager(s)	3
The information on th	e managers/members shall be amenc	led as follows:
Name	Address	Add Delete Other
Bary K. Teppola	701 S Allen St, Ste 103, Meridia ID	
Providence Dvlp Grp	701 S Allen St, Ste 104, Meridian ID	
Ross Patterson	701 S Allen St,Ste 104 Meridian ID	
E. Don Hubble	701 S Allen St, Ste 104 Meridian ID	
Matthew Schultz	701 S Allen St, Ste 104 Meridian ID	
Signature of at least o	ne manager, if any, or at least one me	mber.
ature: Cos Pat	/ -	Secretary of State use only
	nesticity.	
acity: Manager	/2002	
ature:	corpiforms/lic forms/amend domessic/lic.p665	IDANO SECRETARY OF STATE
d Name:	Smrs/lc	CX: 1918 C7: 186254 BH: 747 1 8 38.88 = 38.88 DRGAN AND
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY **Constination*) ARTICLES OF AMENDMENT TO

1.	The name of the limited liability company is:			
	-	North Kuna Development, LLC	(PAGE 2 of 2)	
2.	The date the articles	of organization were filed was:	February 11, 2002	
	COMPLETE ONLY	THE APPLICABLE ITEMS		
3.	The name of the limited liability company is amended to read:			
4.	The latest date certain upon which the limited liability company will dissolve is amended to read:			
5.	The management of the limited liability company shall henceforth be vested in:			
		Manager(s)	mbers	
6.	The information on the managers/members shall be amended as follows:			
	Name	Address	Add Delete Other	
	Spring Hill, LLC	P.O. Box 344, Meridian ID 83680		
7.	Signature of at least	one manager, if any, or at least or	ne member.	
Signat	\sim \sim \sim \sim \sim \sim \sim \sim \sim	Francisco 2	Secretary of State use only	
Typed Name: Ross Patterson				
Capac	ity: Manager	orpiformstamend domesticilic p65		
Signature:				
	Name:	Morms Wi		
Capac	ity:			