

FILED EFFECTIVE



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

North Kuna Development, LLC

(Page 1 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) ☐ Members

6. The information on the managers/members shall be amended as follows:

Name	Address	Add	Delete	Other
Bary K. Teppola	701 S Allen St, Ste 103, Meridia ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Providence Dvlp Grp	701 S Allen St, Ste 104, Meridian ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ross Patterson	701 S Allen St, Ste 104 Meridian ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. Don Hubble	701 S Allen St, Ste 104 Meridian ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Matthew Schultz	701 S Allen St, Ste 104 Meridian ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

Signature: Ross Patterson

Typed Name: Ross Patterson

Capacity: Manager

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/28/2004 05:00
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1 @ 30.00 = 30.00 ORGAN AMEN # 3

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Revised 09/2002

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(Instructions on back of application)

2002 MAY 28 AM 8:59
STATE OF IDAHO

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Name	Address	Add	Delete	Other
Spring Hill, LLC	P.O. Box 344, Meridian ID 83680	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

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

Signature: Ross Patterson

Typed Name: Ross Patterson

Capacity: Manager

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only