FILED EFFECTIVE



Typed Name

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 21 PM 1:55

SECRETARY OF STATE STATE OF IDAHO

(Insi	tructions on back of application) STATE OF TOATIO
The name of the li	mited liability company is:	
	ALL CARE HEALTH SOLUTIONS	S - PCS DIVISION LLC
The name of the li	mited liability company is amend	ded to read:
The date the certif	icate of organization was origina	ally filed :4/25/2013
The complete stre amended to:	et and mailing addresses of the	designated principal office is
The mailing addre	ss for future correspondence (a	nnual reports) is amended to:
The name and add	dress of the managers/members Address	s shall be amended as follows: Add Delete Other
TRAVIS KRAWL	4205 W EMERALD, BOISE ID	
Signature of an au White Howe	•	
gnature MIKE FLOWERS		Secretary of State use only
rped Name gnature		IDAHO SECRETARY OF STATE 01/21/2015 05:00 CK:CASH CT:305437 BH:14586 16 30.00 = 30.00 ORGAN AMEN

amend_domestic_LLC.pmd Rev.07/2010

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