

## ARTICLES OF AMENDMENT TQ009 NOV-16 PM 2: 44 ARTICLES OF ORGANIZATION SECRETARY OF STATE LIMITED LIABILITY COMPANY STATE OF IDAHO

	(Instruction	ns on back of application)	
1.	The name of the limited lia	ability company is:	
	Teton Indea	r Sports Academy	LLC
	If the LLC	has been administratively dissolved and to be for use, #3 below must include an am-	he name is no
2.			ept 27 2007
	COMPLETE ONLY THE	APPLICABLE ITEMS	
3.	The name of the limited lia	ability company is amended to re	ad:
	Teton Indoo	r Sports Acad	emy LLC
4.	The management of the li	mited liability company shall henc	
	×	Manager(s)	S
5.		warenenen haran ahali ha aman	do d no E-Umira.
٥.	i ne information on the ma	anagers/members shall be amen	ded as follows:
J.	Name	Address	Add Delete Other
<b>J</b> ,	<u>Name</u>	<u>Address</u>	
3.		<u>Address</u>	Add Delete Other
5.	Name Katrina Chadwick	Address PoBox 231 Priggs ID 83422	Add Delete Other
5.	Name Katrina Chadwick	Address POBOX 231 Priggs ID 83422 O Box 862 Victor ID	Add Delete Other
3.	Name Katrina Chadwick Cheryl Milne P	Address PoBox 231 Priggs ID 83422 Po Box 862 Victor IP 83455	Add Delete Other
	Name Katrina Chadwick Cheryl Milne P	Address POBOX 231 Driggs ID 83422 POBOX 862 Victor ID 83455 - 350 N. 125 E	Add Delete Other
6.	Name  Katrina Chadwick  Cheryl Milne  Arct Chadwick  Signature of at least one r	Address Pa Box 231 Driggs ID 83422 O Box 862 Victor IV 83433 - 350 N. 135 E manager, if any, 28 at least one m	Add Delete Other
6. Sigr	Name  Katrina Chadwick  Cheryl Milne  Arct Chadwick  Signature of at least one relature:	Address Pa Box 231 Driggs ID 83422 O Box 862 Victor IV 83433 - 350 N. 135 E manager, if any, 28 at least one m	Add Delete Other
6. Sign Typ	Name  Katrina Chadwick  Cheryl Milne  Arct Chadwick  Signature of at least one r	Address Pa Box 231 Driggs ID 83422 O Box 862 Victor IV 83433 - 350 N. 135 E manager, if any, 28 at least one m	Add Delete Other
6. Sigr Typ Cap	Name  Katrina Chadwick  Cheryl Milne  Signature of at least one relature:  Parch Chadwick  Signature of at least one relature:  Packed Name:  Packed Name:	Address Pa Box 231 Driggs ID 83422 O Box 862 Victor IV 83433 - 350 N. 135 E manager, if any, 28 at least one m	Add Delete Other
6. Sign Typ Cap Sign	Name  Katrina Chadwick  Cheryl Milne  Cheryl Milne  Signature of at least one reacture:	Address Pa Box 231 Driggs ID 83422 O Box 862 Victor IV 83433 - 350 N. 135 E manager, if any, 28 at least one m	Add Delete Other  Add Delete Other  Secretary of State use only  IDAHO SECRETARY OF STATE