	CERTIFICAT	ENDMENT TO TE OF ORGANIZAT .IABILITY COMPAN	ION ^I IY	FILED EFFECT
- 40	(Instructions	on back of application)		SECRE BARY (
	The name of the limited liab	bility company is:		STATE OF
		Sandpoint Psychiatry, PLLC	;	
	The name of the limited liab	pility company is amended to r	ead:	
		North Idaho Psychiatry, PLL		
	The date the certificate of c	organization was originally filed	d: <u>Au</u>	gust 1 9 , 2011
		nailing addresses of the desigr		cipal office is
	606	North Third Street Suite 101 Sandpo	oint, ID 838	64
	The mailing address for future correspondence (annual reports) is amended to: 217 Cedar St. #237 Sandpoint, ID 83864			
		217 Cedar St. #237 Sandpoint, IC	0 83864	
	The name and address of <u>Name</u>	217 Cedar St. #237 Sandpoint, IC the managers/members shall <u>Address</u>		ded as follows: <u>Delete</u> <u>Other</u>
		the managers/members shall	be amend	ded as follows: <u>Delete Other</u>
		the managers/members shall	be amend	ded as follows: <u>Delete Other</u>
		the managers/members shall	be amend	ded as follows: <u>Delete</u> <u>Other</u>
	Name	the managers/members shall <u>Address</u>	be amend	ded as follows: Delete Other
_	Name Signature of an authorized mature Marilyn Kimura M.D.	the managers/members shall <u>Address</u>	be amend Add	ded as follows: <u>Delete</u> <u>Other</u>
-	Name	the managers/members shall <u>Address</u>	be amend Add	
yı iig	Name Signature of an authorized mature Marilyn Kimura M.D.	the managers/members shall <u>Address</u>	be amend Add	