



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2016 FEB -8 PM 3:17

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

DBSI State Offices, LLC

2. The date the certificate of organization was originally filed : August 8, 2003

3. The name of the limited liability company is amended to:

\_\_\_\_\_

4. The complete street and mailing addresses of the principal office is amended to:

(Street Address) \_\_\_\_\_

(Mailing Address, if different) \_\_\_\_\_

5. The mailing address for future correspondence (annual reports) is amended to:

(Address) \_\_\_\_\_

6. The name and address of the managers/members shall be amended as follows:

Add:  Delete:  Sovereign Capital Management, Inc. 1501 5th Ave., #100, San Diego, CA 92101  
(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

Add:  Delete:  See attached list

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

Add:  Delete:

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

7. Signature of a manager, member, or authorized person.

Printed Name: Todd Mikles, authorized person

Signature: 

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE

02/03/2016 05:00

CK:PREPAID CT:1157 BH:1511927  
1@ 30.00 = 30.00 ORGAN AMEN #2

IDaho SECRETARY OF STATE

02/05/2016 05:00

CK:PREPAID CT:1157 BH:1512424  
1@ 20.00 = 20.00 EXPEDITE C #2

W25471

Attachment to Amendment to Certificate of Organization

DBSI State Offices, LLC

6. The name and address of the managers/members shall be amended as follows:

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Jerry L. Chapman	4590 Palmgren Lane NE	Saint Michael	MN	55376
Betty Weston	3364 Catalina Lane	Boise	ID	83705-4007
Robert Cordaro	3809 West Dancer Lane	Queen Creek	AZ	85142
Robert L. Sanders	75 Ridgecreek Trail	Moreland Hills	OH	44022-2379
Robert E. Reilley	111 Shady Lane	Bartlett	IL	60103