See attached



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$30.00.

2018 MAR 16 AM 9: 03

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is: Vertical View LLC				
2.	The date the certificate of organization was originally filed : 11-25-2016				
3.	The name of the limited liability company is amended to: Vertical View LLC				
The complete street and mailing addresses of the principal office is amended to: 483 S. Rivershore Ln. Suite 101 Eagle Id. 83616				cipal office is amended to:	
	end de e 54 de av			···	
	eleting All Messillar	esergio nest instituto)			
5.	The mailing address for future correspondence (annual reports) is amended to: 483 S. Rivershore Ln. Suite 101 Eagle Id. 83616				
	After the second control of the second contr				
6.	The name and address of the managers/members shall be amended as follows:				
		Jeff A. Mower Po Box 191174 Boise Id. 83719			
Ada	: 🛛 Delete: 🗌	-143 mg :	Polymens)		
Add	: 🛛 Delete: 🗌	Hart Beal	2875 E. L	oon Creek St. Meridian Id. 83642	
: 100		Control of the State of the Sta	Wester of the first of the firs		
Ada	l: 🛛 Delete: 🗌	Brian White	6180 Tarrega Ln. Meridian Id. 83642		
		1920 - 87	e de des servicións		
7.	Signature of a	manager, member, or author	orized person.	Secretary of State use only	
Printe	ed Name: Tyso	n Gray		IDAHO SECRETARY OF STATE	
Signature: Sysin Shary				03/16/2018 05:00 CK:1200 CT:354626 BH:1632745 10 30.00 = 30.00 ORGAN AMEN #2	
Printe	d Name:		·		
Signature:			W174725		



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6. The name and address of the managers/members shall be amended as follows: Add: Delete: Delete: Doachim Franklin 530 E. Rooster Ct. Eagle Id. 83616						
Add:	Boyd Nielson Po Box 901 Huntington Ut. 84528					
Add	: Delete: Wester (Accounts)					
7.	Signature of a manager, member, or authorized person. Secretary of State use only Tyson Gray					
	ture: Tyson Gray					
Printe	d Name:					
Signat	ture:					