

MEM BER

ARTICLES OF AMENDMENT TO FILED EFFECTIVE ARTICLES OF ORGANIZATION 16 PM 12: 19 LIMITED LIABILITY COMPANY SECRETARY OF STATE

	(Instruction	ns on back of application)	STATE OF IDAHO
1.	The name of the limited lia	ability company is:	
	If the LLC	PERTHS LLC has been administratively dissolved an le for use, #3 below must include an	nd the name is no amendment of name.
2.	The date the articles of organization were filed was:		1:-17-03
			20-0428709
	COMPLETE ONLY THE	APPLICABLE ITEMS	
3.		ability company is amended to	read:
4.		mited liability company shall he Manager(s) Memb	
5.	The information on the managers/members shall be amended as follows:		
	<u>Name</u>	<u>Address</u>	Add Delete Other
	Name Bein w Moure	<u>Address</u> 2585 E 3912 N	Add Delete Other CHANGESS
	Name Beins W Moore KURTIS T MOORE	Address 2585 E 3912 N TWN +AUS, FD	Add Delete Other CHANGE OF APPLESS
	Name Beins W Moore	2585 E 3912 N TWN FALLS, FO 2585 E 3912 N	CHANG OF ADDRESS
	Name BEINN W MOORE KURTIS T MOORE	Address 2585 E 3912 N TWIN FAUS, FD 7585 E 3912 N TWIN FAUS, JO	CHANG OF ADDRESS
	Name BEIAN W MOORE KURTIS T MOORE	2585 E 3912 N TWN FALLS, FO 2585 E 3912 N	CHANG OF ADDRESS
	Beins T Moore	2585E 3912 N TWN FAUS, FO 2585 E 3912 N TWIN FAUS, JO	CHANGE OF ANICESS ANICESS
6.	Being W Moore Kultis T Moore Signature of at least one in	TWIN FACE JO TWIN FACE JO TWIN FACE JO nanager, if any, or at least one	CHANGE OF ANICESS ANICESS
Signati	Signature of at least one nure: Delay W Mo	TWW FALLS, FOR ASSES E 3912 N TWW FALLS, FOR TWW FALLS, FOR	CHANGE OF ANICESS ANICESS
Signate Typed	Signature of at least one no Name: Brian W Mo	TWW FALLS, FOR ASSES E 3912 N TWW FALLS, FOR TWW FALLS, FOR	CHANGOG ANGESS ANGESS member. Secretary of State use only
Signate Typed Capaci	Signature of at least one no Name: Brian W Months To Mon	TWW FALLS, FOR ASSES E 3912 N TWW FALLS, FOR TWW FALLS, FOR	CHANGO CA ANGESS ANGESS member.
Signatu Typed Capaci Signatu	Signature of at least one no ure: Beian w Months Town Months and M	TWW FALLS, FOR ASSES E 3912 N TWW FALLS, FOR TWW FALLS, FOR	CHANGOG ANGESS ANGESS member. Secretary of State use only
Signatu Typed Capaci Signatu Typed	Signature of at least one no Name: Brian W Months To Mon	ASSE 3912 N TWW FALLS, FO 2585 E 3912 N TWW FALLS JO manager, if any, or at least one manager, if any, or at least one some	CHANGOG ANGESS ANGESS member. Secretary of State use only