

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2010 DEC - 1 PM 3: 09

(Instructions on back of application)

SECRETARY OF DIATE
STATE OF IDAHO

1.	The name of the limited liability company is:		
	<u> </u>	BONNERS FERRY FAMILY MEDIC	INE, PLLC
2.	The name of the limited liability company is amended to read:		
3.	The date the certifica	te of organization was originally file	d : <u>January</u> 8, 2007
4.	The complete street and mailing addresses of the designated principal office is amended to:		
5.	The mailing address for future correspondence (annual reports) is amended to:		
6.	The name and address of the managers/members shall be amended as follows: Name Address Add Delete Other		
	Ligeia Reinhardt MD	116 Noble Lane	
	Troy Geyman MD	5853 Highway 1 Bonners Ferry ID 83805	Address Change
7. <i>Sigi</i>	Signature of an autho	rized person.	
	Troy Geyman, MD		Secretary of State use only
Sigr	nature Troy Geyman, MD	>	IDAHO SECRETARY OF STATE 12/01/2010 05:00 CK: 557778 CT: 172099 BH: 1249074 1 0 30.00 = 30.00 DRGAN AMEN # 3
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