## 254

## AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 NOV -6 PM 2: 02

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Ideho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

STATE OF IDAHO

The date the	certificate of organization wa	s originally filed :	December 24, 1997
The name of	the limited liability company	is amended to:	
The complete	street and mailing addresse	es of the principal	office is amended to:
(Street Address)			
(Mailing Address, if	different)		
The mailing a	ddress for future correspond	lence (annual repo	orts) is amended to:
(Address)			
The name an	d address of the managers/r	mambars shall he	and a set of the second second
		nettingly yllatt no	amended as follows:
d: Delete: 🛛	Roger Ferguson	P.O. Box 519, I	amended as follows: Rexburg, ID 83440
o, C Contre. 23	Roger Ferguson (Name)	P.O. Box 519, I	Rexburg, ID 83440
o, C. Conete, 23	Roger Ferguson	P.O. Box 519, I	
d: 🛛 Delete: 🗍	Roger Ferguson (Name) Sybil Ferguson Survivor's	P.O. Box 519, I (Address) Trust, P.O. Box	Rexburg, ID 83440
d: 🛛 Delete: 🗍	Roger Ferguson (Name) Sybil Ferguson Survivor's	P.O. Box 519, I (Address) Trust, P.O. Box	Rexburg, ID 83440
d: Delete: C	Roger Ferguson (Name) Sybil Ferguson Survivor's (Name)	P.O. Box 519, I (Address)  Trust, P.O. Box (Address)	Rexburg, ID 83440
id: Delete: Delete: Signature of a	Roger Ferguson (Name) Sybil Ferguson Survivor's (Name)	P.O. Box 519, I (Address)  Trust, P.O. Box (Address)	Rexburg, ID 83440
d:   Delete:   Signature of a ed Name: Wade	Roger Ferguson (Name)  Sybil Ferguson Survivor's (Name)  (Name)  manager, member, or authoric Ferguson, Trustee	P.O. Box 519, I (Address)  Trust, P.O. Box (Address)	Rexburg, ID 83440
id: Delete: Delete: Signature of a	Roger Ferguson (Name)  Sybil Ferguson Survivor's (Name)  (Name)  manager, member, or authoric Ferguson, Trustee	P.O. Box 519, I (Address)  Trust, P.O. Box (Address)	Rexburg, ID 83440  8ecretary of State use only  IDAHO SECRETARY OF STATE 11/06/2015 05:00  CK: PREPAID CT: 22233 BH: 1499522
id: Delete: Delete: Signature of a ed Name: Wade	Roger Ferguson (Name)  Sybil Ferguson Survivor's (Name)  (Name)  manager, member, or authoric Ferguson, Trustee	P.O. Box 519, I (Address)  Trust, P.O. Box (Address)	Rexburg, ID 83440  Secretary of State use only  IDAHO SECRETARY OF STATE 11/06/2015 05:00