



**(Instructions on back of application)**

Click here to clear form.

SECRETARY OF STATE  
STATE OF IDAHO

- If the LLC has been administratively dissolved and the name is no longer available for use, #3 below must include an amendment of name.**

2. The date the articles of organization were filed was: SEPTEMBER 18, 2006

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

- 4. The management of the limited liability company shall henceforth be vested in:**

☒ **Manager(s)**      ☐ **Members**

- 5. The information on the managers/members shall be amended as follows:**

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
<u>HAL D. BAIRD</u>	<u>W4553 SETTLERS TRAIL, WEST SALEM, WS 54689</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>          </u>
<u>SHARI BAIRD</u>	<u>W4553 SETTLERS TRAIL, WEST SALEM, WS 54689</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>          </u>
<u>                    </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>          </u>
<u>                    </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>          </u>
<u>                    </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>          </u>

- 6. Signature of at least one manager, if any, or at least one member.**

Signature: Benson E. Hoffet

Typed Name: Bryan E. Griffeth

Capacity: Manager

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

**Typed Name:** \_\_\_\_\_

**Capacity:** \_\_\_\_\_

**Secretary of State use only**

[illegible]

### Web Form

IDAHO SECRETARY OF STATE  
11/29/2006 05:00  
CK: 1071 CT: 206924 BH: 1016333  
1 @ 30.00 = 30.00 ORGAN AMEX # 2

W54518