



**ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

**(Instructions on back of application)**

**FILED EFFECTIVE**  
08 NOV -3 AM 8:28

SECRETARY OF STATE  
STATE OF IDAHO

- 1. The name of the limited liability company is:**

**Grassy Banks Investments, L.L.C.**

**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: 06/28/2006

**COMPLETE ONLY THE APPLICABLE ITEMS**

- 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>Ryan D Anderson</u>      | <u>544 Knight Circle, Nampa, ID 83687</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>                    </u> |
| <u>Derris D Anderson</u>    | <u>PO Box 933, Challis, ID 83226</u>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>                    </u> |
| <u>Laurie Anderson</u>      | <u>PO Box 933, Challis, ID 83226</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> |

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

Signature: [Signature]

Typed Name: Rhyan Anderson

Capacity: member

Signature: Laurie Anderson

Typed Name: Laurie Anderson

Capacity: member

~~Secretary of State use only~~

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2/14/2004 10:02:00 AM

- Web Form

IDAHO SECRETARY OF STATE  
11/03/2008 05:00  
CK: 3504 CT: 231121 BH: 1142806  
1 @ 30.00 = 30.00 ORGAN AMEN # 2

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