



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2015 JUL 22 AM 10:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Bear Mountain Group LLC

2. The date the certificate of organization was originally filed : 28 March 2014

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

4. The complete street and mailing addresses of the principal office is amended to:

<u>201 E Idaho St</u>	<u>New Plymouth</u>	<u>ID</u>	<u>83655</u>
<small>(Street Address)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>
<u>PO Box 65</u>	<u>New Plymouth</u>	<u>ID</u>	<u>83655</u>
<small>(Mailing Address, if different)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>

5. The mailing address for future correspondence (annual reports) is amended to:

<u>PO Box 65</u>	<u>New Plymouth</u>	<u>ID</u>	<u>83655</u>
<small>(Address)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>

6. The name and address of the managers/members shall be amended as follows:

Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/>	<u>Devin Limb</u>	<u>17145 Solomon Dr</u>	<u>Nampa</u>	<u>ID</u>	<u>83687</u>
	<small>(Name)</small>	<small>(Address)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>

Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/>	<u>Jason Royce</u>	<u>7874 Alpine Dr</u>	<u>Nampa</u>	<u>ID</u>	<u>83687</u>
	<small>(Name)</small>	<small>(Address)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>

Add: <input type="checkbox"/> Delete: <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
	<small>(Name)</small>	<small>(Address)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>

7. Signature of a manager, member, or authorized person.

Printed Name: Tracy Harris

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

07/22/2015 05:00

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