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| (Instruct  | tions on back of application)   | د<br>۲ <u>.</u><br>۲.                 | STATE <b>of I</b>                     | UAHU .               |
|--|---|---------------------------------------|---------------------------------------|----------------------|
| The name of the limite                                 | d liability company is:   |                                       |                                       |                      |
|  | Initiative Healthcare Delivery C  | onsortium, LLC                        | <b>}</b>                              |                      |
| The date the continues                                 | f fied was  | _                                     | April <b>1</b> 0, 201                 | 0                    |
|  | e of organization was filed was   |                                       |                                       |                      |
| The complete street a<br>amended to:                   | ind mailing addresses of the de   | esignated pri                         | псіраї опіс                           | ie 15                |
|  | 1300 E State Street Suite 103 E   | agle Idaho 836                        | 16                                    |                      |
| The mailing address f                                  | or future correspondence (ann   | ual reports) i                        | s amended                             | I to:                |
| ·····  | •   |                                       | •                                     |                      |
|  | · · · · · · · · · · · · · · · · · · ·   |                                       | · · · · · · · · · · · · · · · · · · · |                      |
| The name of the limits                                 | ad liability company is smende  | d to read:                            |                                       |                      |
| The name of the limite                                 | ed liability company is amende<br>Initiatives Healthcare Delivery                 |                                       | .c                                    |                      |
|  | Initiatives Healthcare Delivery   | Consortium, Ll                        |                                       |                      |
| The name and addres                                    | Initiatives Healthcare Delivery<br>as of the managers/members s                   | Consortium, Ll<br>hall be amen        | ded as foll                           | - <b>t</b>           |
|  | Initiatives Healthcare Delivery   | Consortium, Ll                        |                                       | ows:<br><u>Other</u> |
| The name and addres                                    | Initiatives Healthcare Delivery<br>as of the managers/members s                   | Consortium, Ll<br>hall be amen        | ded as foll                           | - <b>t</b>           |
| The name and addres                                    | Initiatives Healthcare Delivery<br>as of the managers/members s                   | Consortium, Ll<br>hall be amen        | ded as foll                           | - <b>t</b>           |
| The name and addres                                    | Initiatives Healthcare Delivery<br>as of the managers/members s                   | Consortium, Ll<br>hall be amen        | ded as foll                           | - <b>t</b>           |
| The name and addres                                    | Initiatives Healthcare Delivery<br>as of the managers/members s<br><u>Address</u> | Consortium, Ll<br>hall be amen        | ded as foll                           | - <b>t</b>           |
| The name and addres <u>Name</u> Signature of an autho  | Initiatives Healthcare Delivery<br>as of the managers/members s<br><u>Address</u> | Consortium, Ll<br>hall be amen        | ded as foll                           | - <b>t</b>           |
| The name and address <u>Name</u> Signature of an autho | Initiatives Healthcare Delivery<br>as of the managers/members s<br><u>Address</u> | Consortium, Ll<br>hall be amen<br>Add | ded as foll                           | Other                |
| The name and address <u>Name</u> Signature of an autho | Initiatives Healthcare Delivery<br>as of the managers/members s<br><u>Address</u> | Consortium, Ll<br>hall be amen<br>Add | ded as foll <u>Delete</u>             | Other                |