



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

2017 MAY 17 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Post Falls Ops LLC
2. The date the certificate of organization was originally filed : 18 April 2008
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:

(Street Address)

(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:

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

| | | | |
|--|---|---------------------|--|
| Add: <input type="checkbox"/> | Delete: <input checked="" type="checkbox"/> | <u>Marty Frantz</u> | <u>307 N Lincoln Street, Ste A, Post Falls, ID 83854</u> |
| | | (Name) | (Address) |
| Add: <input type="checkbox"/> | Delete: <input checked="" type="checkbox"/> | <u>Cindy Frantz</u> | <u>307 N Lincoln Street, Ste A, Post Falls, ID 83854</u> |
| | | (Name) | (Address) |
| Add: <input checked="" type="checkbox"/> | Delete: <input type="checkbox"/> | <u>Matt Frantz</u> | <u>307 N Lincoln Street, Ste A, Post Falls, ID 83854</u> |
| | | (Name) | (Address) |
| Add: | | <u>Tyson Frantz</u> | <u>307 N Lincoln Street, Ste A, Post Falls, ID 83854</u> |
7. Signature of a manager, member, or authorized person.

| | |
|--|---|
| Printed Name: <u>Matt Frantz</u> Signature: <u><i>Matt Frantz</i></u> Printed Name: <u>Marty D Frantz</u> <u><i>A D F</i></u> Signature: _____ | Secretary of State use only IDAHO SECRETARY OF STATE 05/17/2017 05:00 CK:2071 CT:223524 BH:1584540 1@ 30.00 = 30.00 ORGAN AMEN #2 <u>W73516</u> |
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