



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

2016 JUL 18 AM 9:53


SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SPLIT ROCK TRUCKING, LLC
2. The date the certificate of organization was originally filed : OCTOBER 19, 2012
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:
527 RIGBY LAKE DRIVE, SUITE A, RIGBY, IDAHO, 83442
(Street Address)
P.O. BOX 389, RIGBY, IDAHO, 83442
(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:
P.O. BOX 389, RIGBY, IDAHO, 83442
(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>Donald J Archibald</u>	<u>466 N. 4108 E, Rigby, Idaho, 83442</u>
				<small>(Name)</small>	<small>(Address)</small>
Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>Bradley D. Anderson</u>	<u>2989 East 81st North, Idaho Falls, Id, 83401</u>
				<small>(Name)</small>	<small>(Address)</small>
Add:	<input checked="" type="checkbox"/>	Delete:	<input type="checkbox"/>	<u>D. Christopher Archibald</u>	<u>P.O. Box 389, Rigby, Idaho, 83442</u>
				<small>(Name)</small>	<small>(Address)</small>
7. Signature of a manager, member, or authorized person.

Printed Name: <u>D. CHRISTOPHER ARCHIBALD</u> Signature: <u></u> Printed Name: _____ Signature: _____	Secretary of State use only IDAHO SECRETARY OF STATE 07/18/2016 05:00 CK:1642 CT:275434 BH:1537904 1@ 30.00 = 30.00 ORGAN AMEN #2 1@ 20.00 = 20.00 CORP SUR #3 <div style="font-size: 1.5em; font-family: cursive;">W118282</div>
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