

## **AMENDMENT TO** CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

12 MAY 23 AM 10: 33

(Instructions on back of application)

(Instruction	ns on back of application)	SECRETARY OF STATE OF 104
The name of the limited	liability company is:	STATE OF IDA
	Trinity Full Life Care LLC	
The name of the limited	liability company is amended to read:	
The date the certificate	of organization was originally filed:	04/03/2012
	d mailing addresses of the designated	principal office is
	12423 W Lewis & Clark Dr. Boise, ID 837	713
The mailing address for	r future correspondence (annual report	s) is amended to:
	3355 N Five Mile Rd #236 Boise, ID 837	
Name Elishia Smith	Address Ac  3355 N Five Mile Rd #236 Boise, ID	d Delete Other
tssisted Living of Idaho Ine		7]
Signature of an authori	ized nerson	
Signature of an auditor		
<b>Valure</b>		Secretary of State use only
Elishia Smith		
Elishia Smith ed Name		
ed Name		

IDAHO SECRETARY OF STATE

05/23/2012 05:20

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