


Complete and submit the application in duplicate.

SECRETARY OF STATE
STATE OF IDAHO

- | | | |
|----|--|---|
| 1. | The name of the limited liability company is: | Ataraxis ID, LLC |
| 2. | The date the certificate of organization was originally filed : | 11/15/12 |
| 3. | The name of the limited liability company is amended to: | Ataraxis Administration, LLC |
| 4. | The complete street and mailing addresses of the principal office is amended to: | 600 N Curtis Rd, Suite 101, Boise, ID 83706 |
| | (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 type="checkbox"/> | (Name) (Address) |
| | Add: <input type="checkbox"/> Delete: <input type="checkbox"/> | (Name) (Address) |
| | Add: <input type="checkbox"/> Delete: <input type="checkbox"/> | (Name) (Address) |
| 7. | Signature of a manager, member, or authorized person. | |
| | Printed Name: Stephen Cille | |
| | Signature:  | |
| | Printed Name: | |
| | Signature: | |

Secretary of State use only
IDAHO SECRETARY OF STATE
12/04/2015 05:00
CK:3417138 CT:172099 BH:150299
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