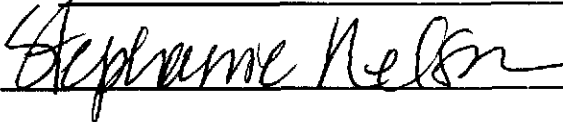


**FILED EFFECTIVE**

**Complete and submit the application in duplicate.**

2018 APR 27 AM 9:46

SECRETARY OF STATE  
STATE OF IDAHO

- |   |   |
|---|---|
| 1.  | The name of the limited liability company is:<br><u>PACIFIC CREST INSURANCE COEUR D'ALENE LLC</u>   |
| 2.  | The date the certificate of organization was originally filed : <u>2/22/2011</u>  |
| 3.  | The name of the limited liability company is amended to:<br><u>no change</u>  |
| 4.  | The complete street and mailing addresses of the principal office is amended to:<br><u>no change</u><br><small>(Street Address)</small><br><br><small>(Mailing Address, if different)</small> |
| 5.  | The mailing address for future correspondence (annual reports) is amended to:<br><u>no change</u><br><small>(Address)</small>   |
| 6.  | The name and address of the managers/members shall be amended as follows:   |
| Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> | <u>Robert L Nelson</u> <u>212 W Ironwood Dr D-612 Hayden, ID 83814</u><br><small>(Name)</small> <small>(Address)</small>  |
| Add: <input type="checkbox"/> Delete: <input type="checkbox"/>            | _____<br><small>(Name)</small> <small>(Address)</small>   |
| Add: <input type="checkbox"/> Delete: <input type="checkbox"/>            | _____<br><small>(Name)</small> <small>(Address)</small>   |
| 7.  | Signature of a manager, member, or authorized person.   |
| Printed Name:   | <u>Stephanie Nelson</u>   |
| Signature:  | <u></u>  |
| Printed Name:   | _____   |
| Signature:  | _____   |

	Secretary of State use only
	IDAHO SECRETARY OF STATE
	<b>04/27/2018 05:00</b>
	CK:4112 CT:343981 BH:1640776
	1@ 30.00 = 30.00 ORGAN AMEN #2
	<u>W100803</u>