

Typed Name

## **AMENDMENT TO** CERTIFICATE OF ORGANIZATION EC 11 AM 8: 37 -LIMITED LIABILITY COMPANY SECRETARY OF STATE

	(Instruction	ns on back of	application	n)	ST		
The name	of the limited li	ability compa	ny is:				
Impact	- Public	Safety	and	Inve	stiga	tions,	2LC.
The name	of the limited li	ability compa	ny is ame	nded to r	ead:		
The date th	e certificate of	f organization	was origir	nally filed	: No	vember 18,	2010
The comple amended to	ete street and o:	mailing addre	esses of th	e design	ated pri	ncipal offic	ce is
4	95 East 5th Stre	et Burley, ID 83	318 & 322 E	ast Main	PMB 109	Burley, ID	33338
The name a	and address o		s/membe dress	rs shall b	e ameno <u>Add</u>	ded as foll <u>Delete</u>	ows: <u>Other</u>
Greg Hepwo	orth 3	315 East Ave C Jerome, ID 83338				$\checkmark$	
		· · · · · · · · · · · · · · · · · · ·	·	<u> </u>			
<del></del>							
With	fan authorize	d person.	<u> </u>	12-	□ □ 31-l		
Signature o  Signature  William A. Pea	in a.	$\sim$	<u> </u>	12-		etary of State u	se only
Signature William A. Pea	in a.	$\sim$	<u>  W</u>	12-			se only

CK: 14628440314 CT: 277088 BH: 1350891 1 0 30.00 = 30.00 ORGAN AMEN # 2