

254



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**

2017 FEB -3 AM 11: 50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Associated Benefit Consultants, LLC
2. The date the certificate of organization was originally filed : 14 January 2010
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:

(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 checked="" type="checkbox"/>	<u>Raymond M. Severe</u> (Name)	<u>1599 Bluebird Lane, Idaho Falls, ID 83402</u> (Address)
Add:	<input checked="" type="checkbox"/>	Delete:	<input type="checkbox"/>	<u>Matthew D. Semons</u> (Name)	<u>2824 Poleline Rd - Pocatello, ID 83201</u> (Address)
Add:	<input checked="" type="checkbox"/>	Delete:	<input type="checkbox"/>	<u>Michael S. Semons</u> (Name)	<u>2824 Poleline Rd. - Pocatello, ID 83201</u> (Address)
7. Signature of a manager, member, or authorized person.
 Printed Name: Troy M. Goodwin
 Signature:
 Printed Name: _____
 Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/03/2017 05:00

 CR:12854146 CT:172099 BH:1567345
 18 30.00 = 30.00 ORGAN AMEN #2

W89771

254



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.

1. The name of the limited liability company is:
Associated Benefit Consultants, LLC
2. The date the certificate of organization was originally filed : 14 January 2010
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:
(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 checked="" type="checkbox"/>	Delete: <input type="checkbox"/>	Nathan H. Semons	2824 Poleline Rd. - Pocatello, ID 83201
		(Name)	(Address)
Add: <input checked="" type="checkbox"/>	Delete: <input type="checkbox"/>	Gina M. Goodwin	86 N 760 W - Blackfoot, ID 83221
		(Name)	(Address)
Add: <input type="checkbox"/>	Delete: <input type="checkbox"/>		
		(Name)	(Address)

7. Signature of a manager, member, or authorized person.

Printed Name: Troy M. Goodwin

Signature: Troy M. Goodwin

Printed Name: _____

Signature: _____

Secretary of State use only

IDaho SECRETARY OF STATE

02/03/2017 05:00

CK:12854146 CT:172099 BH:1567345

1@ 30.00 = 30.00 ORGAN AMEN #2

W89771