

## AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 FEB 17 AM 8: 28

SEGRE, ARY OF STATE STATE OF IDAHO

| (Instr                         | (Instructions on back of application) |   |                             | STATE OF IDAILO  |  |  |
|--------------------------------|---------------------------------------|---|-----------------------------|--|--|--|
| The name of the lim            | ited liability company is:            |   |                             |  |  |  |
|                                | Integrated 1                          | nteriors, LLC   |                             |  |  |  |
| The date the certific          | rtificate of organization was filed   |   | d was: March 10, 2          |  | 09                                       |  |
| The complete stree amended to: | t and mailing addresses o             | f the desig   | ınated pri                  | ncipal offic   | ce is                                    |  |
|                                | 357 E. Watertower, St                 | e F, Meridiai   | n, ID 83642                 | 2  |  |  |
| The mailing address            | s for future correspondenc            | æ (annual i   | reports) is                 | s amended  | í to:                                    |  |
| -                              | 357 E. Watertower, St                 | e F, Meridia  | n, ID 8364                  | 2  |  |  |
| The name of the lim            | lited liability company is ar         | mended to   | read:                       |  |  |  |
| rie jimine et bre jiii         | Integrated Co                         |   |                             |  |  |  |
| The name and add               | ross of the management                | hore shall  | ha aman                     | dad as fall  | er g                                     |  |
|                                | ress of the managers/mem              | ineis stigli  |                             |  |  |  |
| <u>Name</u><br>Rebecca Tupper  | Address 369 E. Watertower I           | n. Ste D.   | Add                         | <u>Delete</u>  | Other                                    |  |
| 1/600000 I upper               | Meridian, ID 8                        |   | . <u> </u>                  |  |  |  |
| Jason Tupper                   | Same                                  |   | _   <br>                    |  | · .                                      |  |
| - Cocon Tappor                 |                                       |   | - 17                        |  | · · · · · · · · · · · · · · · · · · ·    |  |
| Signature of an auth           | norized person.                       |   |                             | 2.5  |  |  |
| Janon Ti                       | pper                                  | _   |                             |  |  |  |
| ature Jason Tupper, Member     |                                       | c pag   | Secretary of State use only |  |  |  |
| dName                          |                                       | Mormstille formstarmend domestic ite, pmd Revised 08/2009 |                             | TAX PARTIES OF THE PA | - Marchine Philip ar will re- right with |  |
| eture                          |                                       | skamendic<br>d08/2009                                     |                             |  |  |  |
|                                |                                       | forms   |                             | IMH0 SE<br>タセノエフノ  | CRETARY OF S                             |  |
|                                | ·                                     | _   \frac{1}{8}"  |                             | K: 1191 CT:  |  |  |

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