

AMENDMENT TO CERTIFICATE OF ORGANIZATIONE: -9 AM 8: 53 LIMITED LIABILITY COMPANY SECRETARY OF STATE

	(Instruc	tions on back of application)	STATE OF IDAHO
1.	The name of the limite	ed liability company is:	
		MAGIC VALLEY CREDIT REPA	AIR, LLC
2.	The name of the limit	ed liability company is amended to	read:
3.	The date the certificate of organization was originally filed:09/30/2009		
4.	The complete street and mailing addresses of the designated principal office is amended to:		
	409 SI	OSHONE ST SOUTH SUITE 1 TWIN I	ALLS, IDAHO 83301
5.	The mailing address for future correspondence (annual reports) is amended to:		
	409 SHOSHONE ST SOUTH SUITE 1 TWIN FALLS, IDAHO 83301		
6.	The name and address of the managers/members shall be amended as follows: Name Address Add Delete Other		
	AMY BARENDREGT	1552 ATLANTIC ST TWIN FALLS	
7.	Signature of an autho	rized person.	
Sign	AMY BARENDREGT-DUS	SETT	Secretary of State use only
	Cingla H	alemon	
Sign:	ANGELA HICKMON		IDANO SECRETARY OF STATE 12/09/2011 05:00 CK: 1005 CT: 264852 BH: 1301073 1 0 30.00 = 30.00 ORGAN AMEN #

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