



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FEB 27 PM 4:34

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Kokanut Fishing Tackle, LLC

2. The name of the limited liability company is amended to read:

Kokabow Fishing Tackle, LLC

3. The date the certificate of organization was originally filed : March 08, 2012

4. The complete street and mailing addresses of the designated principal office is amended to:

Not Applicable - address remains unchanged

5. The mailing address for future correspondence (annual reports) is amended to:

Not Applicable - address remains unchanged

6. The name and address of the managers/members shall be amended as follows:

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

7. Signature of an authorized person.

Signature

Alan L. Greenhalgh

Typed Name

Signature

Typed Name

Secretary of State use only

 IDAHO SECRETARY OF STATE
02/27/2013 05:00
CK: 1687 CT: 267901 BH: 1362160
1 @ 30.00 = 30.00 ORGAN AMEN # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W93203



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 JAN 25 PM 12:01

SECRETARY OF STATE
STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(5)(a).

1. The name of the dissolved limited liability company is:

Kokanee Tackle LLC

2. The date the certificate of organization was originally filed: 5/10/2010

3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

Joe Lebresh

PO BOX 964 Meridian ID 83680

(Name)

(Address)

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

Printed Name: JOE LEBRESH

Signature: [Handwritten Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/25/2016 05:00

CK:1100 CT:319363 BH:1510151

1@ 0.00 = 0.00 DISS LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W 93203