

AMENDMENT TO CERTIFICATE OF ORGANIZATION 11 AUG -1 AM 9:38 LIMITED LIABILITY COMPANY

SECRE JRY OF STATE STATE OF IDAHO

(Inst	tructions on back of application)	STATE OF IDAHO
The name of the lir	mited liability company is:	
	NANCY INABA, OCCUPATIONAL THERAPIS	ST, LLC.
The name of the lir	mited liability company is amended to read:	
_	NANCY INABA, OCCUPATIONAL THERAPIS	ST, LLC.
The date the certifi	icate of organization was originally filed :	07 Sep 2010
The complete stre amended to:	et and mailing addresses of the designated	l principal office is
	3224 WHITEMAN DR, BOISE ID 8371	6
The mailing addres	ss for future correspondence (annual report	ts) is amended to:
	3224 WHITEMAN DR, BOISE ID 8371	6
The name and add <u>Name</u> Nancy Inaba	dress of the managers/members shall be an Address Addr	
George A. Aragon	3224 Whiteman Dr., Boise ID 83716	2% Member
Signature of an aut	thorized person	
inghuje		Secretary of State use only
Trevor Taylor, CPA, PI ped Name		Secretary of State use only
gnature		IDANO SECRETARY OF STATE
ned Name		08/01/2011 05:0 CK: 1758 CT: 67149 BH: 12846

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