

FILED EFFECTIVE **AMENDMENT TO** CERTIFICATE OF ORGANIZATION 27 AM 9: 20 LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

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	The name of the limited liability company is:		
		Four Seasons Insula	ation LLC

	The name of the limit	ad liability namany is among	dad ta raad:
	rne name or the limit	ed liability company is amend	
		Four Seasons Insula	ation LLC
	The date the certifica	he date the certificate of organization was originally filed :06/06/2011	
	The complete street and mailing addresses of the designated principal office is amended to:		
		522 Main Street, Salmo	on, ID 83467
	The mailing address for future correspondence (annual reports) is amended to:		
	522 Main Street, Salmon, ID 83467		
	· · · · · · · · · · · · · · · · · · ·		
	The name and address of the managers/members shall be amended as follows:		
	Name	ss of the managers/members <u>Address</u>	s snall be amended as follows: <u>Add Delete Other</u>
	Douglas C. Arfmann	522 Main Street, Salmon, ID 8	33467
	Tyler K Pable	90 HWY 93 11, Salma	<u> 1163963</u>
	•		
	_Signature of an autho	rized person.	
<	John Di		
	Tyler V	Palle	Secretary of State use only
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