FILED EFFECTIVE



AMENDMENT TO CERTIFICATE OF ORGANIZATION 4 FEB 20 AM 9: 00 LIMITED LIABILITY COMPANY SECRETARY OF STATE (Instructions on back of application) STATE (F 1) 4H()

1.	The name of the limited liability company is:				
		Southeast Idaho Nurse Practitione	rs, LLC	**************************************	
2.	The name of the limited liability company is amended to read:				
3.	The date the certifica	te of organization was originally filed	l:	22 Aug 2	012
4.	The complete street and mailing addresses of the designated principal office is amended to:				
5.	The mailing address	for future correspondence (annual re	eports) i	s amend	ed to:
6.	The name and address of the managers/members shall be amended as follows: Name Address Add Delete Other				
	JANET GARLAND	5843 E MIDDLE FORK RD			No CHANGE
	BRIAN DECKER	3135 SONORA DR IDAHO FALLS	4		
		ED 83404			
7.	Signature of an author	rized person.			
Туре	ed Name	Garland	Sec	relary of Stat	e use only
Sign	ature			IDAHO SEC 2/20/2 3139 CT:	RETARY OF STATE 2014 05:00 293209 BH: 1411432
Type	ed Name			38.80 =	38.08 ORGAN AMEN # 2

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