

## FILED EFFECTIVE **AMENDMENT TO** CERTIFICATE OF ORGANIZATION HI SEP 13 AM 9: 02

| E STATE | LIMITED LIABILITY CO   | TO SECRETARY OF STATE   |
|---------|--|---|
|         | (Instructions on back of application   | STATE OF IDAHO  |
| 1.      | The name of the limited liability company is:  |   |
|         | Extreme Staffing, LLC  |   |
|         | 0  |   |
| 2.      | The name of the limited liability company is amended to read:  |   |
|         | Extreme Staffing of Jodahn, LLC  |   |
| 3.      | The date the certificate of organization was origin  |   |
| _       |  |   |
| 4.      | The complete street and mailing addresses of the designated principal office is amended to: 621 Blue Lakes Blvd. |   |
|         | Twin Falls, 10. 83   | 30  |
| 5.      | The mailing address for future correspondence (annual reports) is amended to:                                    |   |
|         | P.O. Box 6072 Twin Falls ID 83303  |   |
| 6.<br>  | The name and address of the managers/member Name Address   | rs shall be amended as follows:  Add Delete Other                     |
| 7.      | Signature of an authorized person.   | ·   |
|         | atule (<br>Derrick Hope<br>ad Name   | Secretary of State use only   |
| Signa   | ature  |   |
|         |  | IDAHO SECRETARY OF STATE<br>09/13/2011 05:00                          |
| Type    | ed Name  | CK: 782615 CT: 172099 BH: 1290180<br>1 8 38.80 = 30.00 GRGAN AMEN # 2 |

1 8 20.00 = 20.08 EXPEDITE C # 3

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