

Typed Name

## FILED EFFECTIVE **AMENDMENT TO** CERTIFICATE OF ORGANIZATION -1 AM 8: 11 LIMITED LIABILITY COMPANY OF STATE STATE OF IDAHO

(Instructions on back of application)

	The name of the limited liability company is:					
	Captains	wheel	En	es co	1 1	LLC
				<u> </u>	7	
	The date the certificate of	organization was fil	ed was:			
	The complete street and namended to:	nailing addresses o	f the desig	nated pri	ncipal offic	ce is
	The mailing address for fu	ture correspondenc	e (annua) i	reports) i	s amended	I to:
	The name of the limited lia	ability company is ar			110	1 <sup>-1</sup> 101-1-1-1
	wasch	eray c	Mi 1)		220	•
	The name and address of the managers/members shall be amended as follows:					
	Mana	8 -dalaa				*
	<u>Name</u>	<u>Address</u>		<u>Add</u>	<u>Delete</u>	<u>Other</u>
	<u>Name</u>	Address		Add	<u>Delete</u>	<u>Other</u>
	Name	Aggress		Add .	Delete	Other
	<u>Name</u>	Aggress		Add .	Delete	Other
	Name	Aggress		Add	Delete	Other
	Signature of an authorized			Add 	Delete	Other
ł	Signature of an authorized			Add 	Delete	Other
gna	Signature of an authorized		Puo		Delete	
_	Signature of an authorized		esticile; burd			
/pe	Signature of an authorized ature  MARIE STREATER		Formstannend domesticile, pmd		etary of State u	