



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPAN.

11 SEP 29 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

FAMILY HEALTH CARE OF POST FALLS, PLLC

2. The name of the limited liability company is amended to read:

DR. PAUL BRILLHART, PLLC

3. The date the certificate of organization was originally filed : 5/29/03 - W24452

4. The complete street and mailing addresses of the designated principal office is amended to:

5785 E. SHORELINE DR., POST FALLS, ID 83854

5. The mailing address for future correspondence (annual reports) is amended to:

9321 N. Government Way
B-102 HAYDEN ID 83835

6. The name and address of the managers/members shall be amended as follows:

Name	Address	Add	Delete	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Signature of an authorized person.

Paul F. Brillhart
Signature

PAUL F. BRILLHART, M.D.
Typed Name

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
09/29/2011 05:00
CK: 5318 CT: 100967 BH: 1292314
1 @ 30.00 = 30.00 ORGAN AMEN # 2

W24452