FILED EFFECTIVE AMENDMENT TO CERTIFICATE OF ORGANIZATION NOV -4 PM 3: 54 LIMITED LIABILITY COMPANY SECRETARY OF STATE OF IDAHO

| | The name of the limited liability company is: | | | | |
|------------------------|---|---|----------------|----------------|----------------------|
| | | 4X Livestock, LLC | | | |
| | The name of the lin | nited liability company is amended to | read: | | |
| | | 4X Livestock, LLC | | | |
| | The date the certific | cate of organization was originally file | ed : | 10/21/2011 | <u> </u> |
| | The complete stree amended to: | et and mailing addresses of the desig | nated pri | incipal offic | e is |
| | | 445 E. 200 N. Blackfoot, Idaho | 83221 | | |
| | The mailing address for future correspondence (annual reports) is amended to: | | | | |
| | 445 E. 200 N. Blackfoot, Idaho 83221 | | | | |
| | The name and add | | | ided as foll | ome. |
| | Name | ress of the managers/members shall <u>Address</u> | | <u>Delete</u> | ows: <u>Other</u> |
| | | ress of the managers/members shall | be amen | | |
| | Name | ress of the managers/members shall <u>Address</u> | be amen | <u>Delete</u> | |
| | Name | ress of the managers/members shall <u>Address</u> | be amen | <u>Delete</u> | |
| | Name Cicity Z. Oleson Signature of an auti | ress of the managers/members shall <u>Address</u> 445 E. 200 N. Blackfoot, id 83221 | be amen | <u>Delete</u> | |
| 4, | Name Cicity Z. Oleson Signature of an auti | ress of the managers/members shall <u>Address</u> 445 E. 200 N. Blackfoot, id 83221 | be amen | <u>Delete</u> | |
| Sign | Name Cicity Z. Oleson Signature of an autiliature Josh Oleson | ress of the managers/members shall <u>Address</u> 445 E. 200 N. Blackfoot, id 83221 | be amen Add | <u>Delete</u> | Other |
| Sign | Name Cicity Z. Oleson Signature of an authorized | ress of the managers/members shall <u>Address</u> 445 E. 200 N. Blackfoot, id 83221 | be amen Add | Delete | Other |
| Signi | Name Cicity Z. Oleson Signature of an autility ature Josh Oleson | ress of the managers/members shall <u>Address</u> 445 E. 200 N. Blackfoot, id 83221 | be amen Add | Delete | Other |
| Sight Type Signa | Name Cicity Z. Oleson Signature of an autility ature Josh Oleson | ress of the managers/members shall <u>Address</u> 445 E. 200 N. Blackfoot, id 83221 | be amen Add | Delete Delete | Other |