

Typed Name

AMENDMENT TO CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

11 OCT -7 AM 8: 39 (Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO The name of the limited liability company is: 1. Medicine Man West LLC 2. The name of the limited liability company is amended to read: Medicine Man West Pharmacy LLC 11/20/1995 The date the certificate of organization was originally filed: 3. 4. The complete street and mailing addresses of the designated principal office is amended to: 802 E Medical Court, Post Falls, ID 83854 5. The mailing address for future correspondence (annual reports) is amended to: 802 E Medical Court, Post Falls, ID 83854 The name and address of the managers/members shall be amended as follows: 6. Delete Add Other Name Address 9363 W Driftwood Drive, Cda,ID 83814 7 Kathie J Smith Signature of an authorized person. 7. male Rimite Signature Secretary of State use only Donald R Smith Typed Name Signature IDANG SECRETARY OF STATE 0/07/2011 05:00 CT: 263117 BH: 1293472 = 30.00 ORGAN AMEN # 2

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