

Typed Name

AMENDMENT TO STATEMENT FILED EFFECTIVE OF PARTNERSHIP AUTHORITY

11 OCT 17 PM 1:157 (instructions on back of application) SECRETARY OF STATE 1. The name of the partnership authority is: STATE OF IDAHO andpoint marine & motorsports 2. The date of which its statement of partnership authority was filed with the Idaho Secretary of State was 6/29/2006 and its domestic state is: Ilaho The statement of partnership authority is amended as follows: [check appropriate box(es)] ☐ a. The name of the partnership authority is amended to read: ☑ b. The name of each withdrawing partner is: matthew T Kehoe 🛛 c. The name and business address of each new partner is: (if more space is needed, continue in block e) Geoff Smith 195 N. Triangle Drive, Ponderay ID 8 ☑ d. The name(s) of partners added or removed for authorization to execute an instrument transferring real property held in the name of the partnership: Trooff Smith Add: Remove: 🔯 e. Other amendments (optional): 195 n. Triangle Drive Ponderay ID 83852 Street address of office: Signature of at least/two (2) partners: Signature Secretary of State use only Typed Name Signature Typed Name Signature