



0005913793

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***AMENDMENT TO CERTIFICATE OF
ORGANIZATION OF LIMITED LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005913793

Date Filed: 10/1/2024 1:05:37 PM

<p>Filing Fee Selected Service Type: Standard (filing fee \$30)</p> <p>The current name of the limited liability company is: CARE CONNECTION, L.L.C.</p> <p>The file number of this entity on the records of the Idaho Secretary of State is: 0000032019</p> <p>Entity Type: Limited Liability Company</p> <p>Entity Subtype: Limited Liability Company</p> <p>The date the certificate of organization was originally filed: 1998-03-23 12:00:00.000</p>														
<p>Limited Liability Company Name Entity name CARE CONNECTION, L.L.C.</p>														
<p>2. The complete street address of the principal office is amended to: Principal Office Address 322 MAIN ST LEWISTON, ID 83501-1820</p>														
<p>3. The mailing address of the principal office is amended to: Mailing Address 322 MAIN ST LEWISTON, ID 83501-1820</p>														
<p>4. Managers and Members</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Sarah Zenner</td> <td>Member</td> <td>1650 HIGHWAY 162 NEZPERCE, ID 83543</td> </tr> <tr> <td><input checked="" type="checkbox"/> Michelle M Parson</td> <td>Member</td> <td>1556 HIGHLAND AVENUE CLARKSTON, WA 99403</td> </tr> <tr> <td><input checked="" type="checkbox"/> Matthew E Parson</td> <td>Member</td> <td>1556 HIGHLAND AVENUE CLARKSTON, WA 99403</td> </tr> </tbody> </table>			Name	Title	Address	<input checked="" type="checkbox"/> Sarah Zenner	Member	1650 HIGHWAY 162 NEZPERCE, ID 83543	<input checked="" type="checkbox"/> Michelle M Parson	Member	1556 HIGHLAND AVENUE CLARKSTON, WA 99403	<input checked="" type="checkbox"/> Matthew E Parson	Member	1556 HIGHLAND AVENUE CLARKSTON, WA 99403
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<p>Signature of Authorized Person:</p> <p><i>Sarah Zenner</i> 10/01/2024 <input type="text"/> Date Sign Here</p>														