



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE
2017 DEC -7 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Pain Management of North Idaho, PLLC
2. The date the certificate of organization was originally filed : May 7, 2001
3. The name of the limited liability company is amended to:

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

(Street Address)

(City, State, and Zip Code)
5. The mailing address for future correspondence (annual reports) is amended to:

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

| | | | | | |
|------|-------------------------------------|---------|-------------------------------------|-------------------------|--|
| Add: | <input type="checkbox"/> | Delete: | <input checked="" type="checkbox"/> | <u>Tina Botai</u> | <u>1686 W. Riverstone Dr. #1 Coeur d Alene, ID</u> |
| | | | | <small>(Name)</small> | <small>(Address)</small> |
| Add: | <input checked="" type="checkbox"/> | Delete: | <input type="checkbox"/> | <u>Michele Magnuson</u> | <u>1686 W. Riverstone Dr. #1 Coeur d Alene, ID</u> |
| | | | | <small>(Name)</small> | <small>(Address)</small> |
| Add: | <input type="checkbox"/> | Delete: | <input type="checkbox"/> | _____ | _____ |
| | | | | <small>(Name)</small> | <small>(Address)</small> |

7. Signature of a manager, member, or authorized person.

Printed Name: Scott K. Magnuson

Signature: *Scott K. Magnuson*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/07/2017 05:00

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