



**STATE OF MINNESOTA SECRETARY OF STATE**  
**AMENDMENT OF ARTICLES OF INCORPORATION**

**READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State.
2. **There is a \$35.00 fee** payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

**CORPORATE NAME:** (List the name of the company prior to any desired name change)

Mid-Continent Energy Marketers Association

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days **after** filing with the Secretary of State.

02/22/2011

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

**ARTICLE ONE**

NAME

The name of the corporation is North American Energy Markets Association (the "Corporation").

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
**FILED**

FEB 22 2011

*Mark Ritchie*  
Secretary of State

This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

*Michael B. Critchley*  
Signature of Authorized Person or Authorized Agent

Name and telephone number of contact person: Michael B. Critchley 651-340-6305  
Please Print Legibly Phone Number

**FILE IN-PERSON OR MAIL TO:**  
Minnesota Secretary of State - Business Services  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St Paul, MN 55103

(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at [www.sos.state.mn.us](http://www.sos.state.mn.us), or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the