## **FILED EFFECTIVE**

2014 AUG 18 AM 9: 12

File Number: <u>C 180147</u>

## STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS

(see reverse for instructions)

The entity identified below submits to the Secretary of State the following statement for the purpose of changing its business mailing address.  1. The name of the business entity is:   EXP, Inc.	
	ve, Idaho Falls, ID, 83404
4. Change of address	ss is effective:
) <b>X</b>	Upon Receipt OR (Date)
Signed:	Theren lensen
Printed Name:	President
Capacity: Dated:	Aug 15, 2014

g:\corp\forms\miscforms\change\_address.pmd

FILE ONE COPY

NO FEE REQUIRED