10 MAR 17 PM 4: 33	File	h le complexes per	C186419
SECRETARY OF STATE	, no	Nuniber	LID6 111
STATE OF IDAHU			**
STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS (see reverse for Instructions)			
		•	
The entity identified below submits to the purpose of changing its business mailing address	os.		
1. The name of the business entity is:	Medical Sc	<u>lutions</u>	· luc.
2. The business mailing address is currently on 621 E. King St., 8	file as: Stc. 150 Mevi	dian.	10 83642
3. The business mailing address is to be change PO Box 849 Middle	ed to:		· ·
4. Change of address is effective:			
Upon Receipt OR			,` 1
	(Date)		
			· · · · · · · · · · · · · · · · · · ·
Signed:			
Printed Name: Aaron D. Ha	ile		
Capacity: President			
Dated: 3/17/10			
			i Jisay

g:\corp\forms\miscforms\change_address.pmd

FILE ONE COPY

NO FEE REQUIRED