STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Idaho:

	Business Corporation Act, the undersigned corporation
_	anized under the laws of the State of submits the following statement for the pose of changing its registered office or its registered agent, or both, in the State of Idaho.
	The name of the corporation is FALLS INSURANCE CENTER, INC. (The) # 44675
•	The street or RFD address of its present registered office is 855 7th Street
3.	The street or RFD address to which its registered office is to be changed is610
	The name of its old registered agent is HAL R. JOHNSON
١.	The name of its new registered agent is The address of the registered office and the business address of the registered agent are identical. The foregoing change was authorized by resolution of the board of directors.
) a	By Lauf f. Hunter
	Title: President
_((Must be signed by an officer of the corporation) ATE OF Island) OUNTY OF Banneville 1. Barbara Hunter , a notary public, do hereby certify that on this
	30 th day of October , 19 84, personally appeared
	Clared that he is the Registered agent of Falls Insurance lenter, Sie, (The)
h:	at he signed the foregoing document as Australian of the corporation and the statements therein contained are true. Sallara Hunter Notary Public

Fee: \$10.00