FILED EFFECTIVE

NO FEE REQUIRED

	W102303	
	File Number:	11007
STATEMENT OF CHANGE OF BUSINESS MA (see reverse for instructions)	AILING ADDRESS	SECRETAR STATE C
The entity identified below submits to the Secretary of State to purpose of changing its business mailing address.	ne following statement f	or the
1. The name of the business entity is: High Country Bakehouse LLC		
The business mailing address is currently on file as: 1805 9th Ave East, Twin Falls, ID 83301		
The business mailing address is to be changed to: 144 Main St. South, Twin Falls, iD 83301 4. Change of address is effective:	······································	_
☑ Upon Receipt OR ☐ (Date)	······································	
Signed: <u>Quent</u> Printed Name: <u>Aaron Adams</u> Capacity: <u>owner</u> Dated: <u>lo(3/11</u>		

FILE ONE COPY

 $g: \verb|\corp\| forms \verb|\change_address.pmd|$