

STATEMENT OF CHANGE, RESIGNATION OR TERMINATION BY COMMERCIAL REGISTERED AGENT

(see reverse for instructions)

The person identified below submits to the Secretary of State the following statement for the purpose of changing its commercial registered agent information on file with the Secretary of State.

changing its commercial registered agent information on i	···· · · · · · · · · · · · · · · · · ·
1. The name of the commercial registered agent is:	
SYNERGY CORPORATE S	ERVICES, LLC
2. The address of the commercial registered agent currer	ntly on file is:
921 S. ORCHARD ST. STE. G,	, BOISE, ID 83705
s. Information on file that is to be changed:	
The name or address of the agent has changed. The	he new name / address is:
1555 W. SHORELINE DR. STE.	
1939 W. SHOKELINE DIX. STE.	100, BOISE, ID 03702
The type or jurisdiction of organization of the agent	t has changed. The new type or jurisdiction is:
The agent resigns from serving as agent for service	e of process for the entity listed below:
and the name and address of the person to which t entity:	the agent will send notice at the represented
The agent is no longer in the business of serving as termination will take effect on the thirty-first day aft Secretary of State's office. Signed: KRISTI SMITH Capacity: MANAGER Dated: 08/09/2022	