- -			16
07 NOV	19 AM 9: 11	File Number:	8534
SECRET STAT	ARY OF STATE E OF IDAHO H ANGE OF BUSINESS		
	(see reverse for instructions)		
The entity identified below sut purpose of changing its business mail		e the following statement	for the
1. The name of the business entity is:	Dickinson Long Term Care		
2. The business mailing address is cu	urrently on file as:		·
Po Box 1268 Post Fails ID 83877		, <u>, , , , , , , , , , , , , , , , </u>	· .
3. The business mailing address is to 609 N Syringa Street Ste A, Post Falls			
4. Change of address is effective:			
🗹 Upon Receipt 🕻	DR [
	А. А.		· .
Signed:			
Printed Name: James D Dickinson) 		
Capacity: <u>Manager</u> Dated: 11/15/2007			
Dated:11/15/2007	· · · · · · · · · · · · · · · · · · ·	' ' · · · ·	
			н на
g:\corp\forms\miscforms\change_address.pmd	FILE ONE COPY	NO FEI	EREQUIRED