FILED EFFECTIVE C161925

File Number	-	MAI	₹ -	- 1	AM	y: 	13
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	STATE OF IDAHO
STATEMENT OF CHANGE OF BUSINES (see reverse for instruction)	
The entity identified below submits to the Secretary of Spurpose of changing its business mailing address.	State the following statement for the
1. The name of the business entity is: Four Rivers Mental Hea	alth, INC
2. The business mailing address is currently on file as: 423 Blaine St, Caldwell, ID 83605	
3. The business mailing address is to be changed to: 1605 S Kimball Ave, Caldwell, ID 83605	
4. Change of address is effective:	
☐ Upon Receipt OR ☐ 9/3/10 (Date))
Signed: Krinie Munson va	i
Printed Name: Krissie Munson	· !
Capacity:	
Dated: 3-4-11	
	·
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g:\corp\forms\miscforms\change_address.pmd

FILE ONE COPY

NO FEE REQUIRED