I AUG 178AM 8: 56

NO FEE REQUIRED

SECRE MRY OF STATE STATE OF IDAHO STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS (see reverse for Instructions)

The entity identified below submits to the Secretary of State the following statement for the purpose of changing its business mailing address.
1. The name of the business entity is: <u>Tremaine Virtual Services</u> , <u>LLC</u>
2. The business mailing address is currently on file as: 8141 E Orah Way Nampa 1D 83687
3. The business mailing address is to be changed to: 16469 Rainbow Dr Nampa 1D 83687
4. Change of address is effective:
☑ Upon Receipt OR ☐ (Date)
Signed: STremaine
Printed Name: Shana Tremaine.
Capacity: Manager
Dated: 8/12/11
en e

FILE ONE COPY

g:\corp\forms\miscforms\change_address.pmd