÷			
	FILEDE		2010W (0158
		File Number:	STATE OF DAHO TATE
			STATE OF Q. 3.4
STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS			
(see reverse for instructions)			
The entity identified below submits to purpose of changing its business mailing add	1ress.		atement for the
1. The name of the business entity is: Nalbo	ne Family Chiropractic a	ad Wellness, LLC	
	_		
2. The business mailing address is currently	<b>y on file as:</b>		
1287 W Center St Blackfoot, ID 83221		<u> </u>	
3. The business mailing address is to be ch	anged to:		
7227 Potomac Drive Boise, ID 83704			
4. Change of address is effective:			
	-		
Upon Receipt OR	(Date)		
signed: Or Joe mallor, O. C	(.		
Printed Name: Joseph Nalbone, D.C.			
Capacity:Member			
Dated: Juty 28, 2010			
	FILE ONE COPY		NO FEE REQUIRED
g\cop\forms\miscforms\change_address.pmd			