2013 AUG -7 AM 9: 06

File Number: WL00923

SECRETARY OF STATE OF TO STATE OF TO STATE STATEMEN

TEMENT 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: BROWN Insulance Asency LLC

2. The business mailing address is currently on file as:

220 Clastician DR Twin Falis ID

3. The business mailing address is to be changed to:

465 FILLMORE ST TW: 1 Falls ID

4. Change of address is effective:

Upon Receipt OR

Signed: James: Seleny Brown

g:lcorptforms\miscforms\change_address:pmd

FILE ONE COPY

NO FEE REQUIRED