

FILED EFFECTIVE

File Number:

C177026

2008 MAR -6 AM 11:40

SECRETARY 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: NORTHERN LAKES CHIROPRACTIC CLINIC, P.C.
2. The business mailing address is currently on file as:
5463 W. CITRUSWOOD DR. POST FALLS ID. 83854
3. The business mailing address is to be changed to:
1203 MICHIGAN ST. SUITE B. SANDPOINT ID. 83864
4. Change of address is effective:

☒ Upon Receipt

OR

☐

(Date)

Signed:

Ryan Leisy

Printed Name:

RYAN LEISY

Capacity:

CEO

Dated:

03/04/08