IO JUL -8 MM 8:26

SECRETARY OF STRIFE

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| File Number | | |

STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS (see instructions)

| рι | The entity identified below submits to the Secretary of State the following statement for the urpose of changing its business mailing address. | |
|----|--|---|
| 1. | The name of the business entity is: Geminis Beauty Salon & Beauty Supply In- | С |
| 2. | The business mailing address is currently on file as: 107 W Main St, Jerome, ID 83338-2329 | |
| 3. | The business mailing address is to be changed to: PO Box 1292, Twin Falls, ID 83303-1292 | |
| 4. | Change of address is effective: | |
| | ☑ Upon Receipt OR ☐(Date) | |
| - | Signed: | |
| | Capacity: Owner Dated: | |

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

FILE ONE COPY

NO FEE REQUIRED