## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

$\mathcal{J}^{T}$	the Secretary of Stage of the State of Idaho:
-	anized under the laws of the State of submits the following statement for the
org	anized under the laws of the State of <u>Idaho</u> submits the following statement for the
pui	pose of changing its registered office or its registered agent, or both, in the State of Idaho.
1.	The name of the corporation is
	Able Administrative Services, Inc.
2.	The street or RFD address of its present registered office is
	141 Morrison, Twin Falls, Idaho 83301
3.	The street or RFD address to which its registered office is to be changed is
	526 Shoup Avenue West. Suite J-2 Twin Falls, Idaho 83301
4.	The name of its old registered agent is
5. 6.	The name of its new registered agent is  The address of the registered office and the business address of the registered agent are identical.
7.	The foregoing change was authorized by resolution of the board of directors.
Da	ted July 25, . 19 <u>84</u> .
	By Carlene Le able
	Propried
	Title: Fresident (Must be signed by an officer of the corporation)
ST	ATE OF
CC	OUNTY OF Twin Falls ) ss:
	, a notary public, do hereby certify that on this
	25th day of July 19 84, personally appeared
be	fore me, who being by me first duly sworn,
	clared that he is the President of Able Administrative
	Services, Inc.
	arshe signed the foregoing document as of the corporation and at the statements therein contained are true.
	Notary Public

File one copy

CRO 1183

Fee: \$10.00