

FILED EFFECTIVE

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File Number: _____

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: Annuity Insurance Managers, LLC

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

PO Box 50660, Idaho Falls, ID 83405

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

1070 Riverwalk Drive, Suite# 200, Idaho Falls, ID 83402

4. Change of address is effective:

Upon Receipt OR _____
(Date)

Signed: 

Printed Name: Roland N. Walker

Capacity: Member

Dated: May 31, 2011