FILED EFFECTIVE



STATEMENT OF CHANGE OF REGISTERED AGENT

SOLIA OFC	10	PM	1: 25
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CONT.	REGISTERED OFFICE, OR BOTH	SE SEIAMY OF CIATE STATE OF IDAHO
	(See reverse for Instructions)	File #: C23169
he und gent, i	dersigned entity submits the following statement f ts registered office, or both, in the State of Idaho.	for the purpose of changing its registered
The	e name of the entity is:	
Fa —	arm Bureau Mutual Insurance Company of Idaho	
	e name and street address of its <u>old</u> registered a chard Petersen	gent and office is:
27	75 Tierra Vista Drive	
Po	ocatello, ID 83201	
	e name and street address of its <u>new</u> registered a nomas J. Lyons	agent and office in Idaho is:
27	5 Tierra Vista Drive	
	of a PO box or PM8) ocatello, ID 83201	
l co	onsent to serve as registered agent for the above-	-named entity.

FILE ONE COPY

change_ra_ro.pmd Rev. 07/2010

NO FEE REQUIRED