STATEMENT OF CHANGE OF (see reverse) The entity identified below submits to the Secretar changing its business mailing address. 1. The name of the business entity is:	File Number: <u>W 38619</u> F BUSINESS MAILING ADDRESS e for instructions) Ty of State the following statement for the purpose of	
3. The business mailing address is to be changed to: 52.54 JAIR VIEW AVE	E-1D 83713	06 FEB - 2 STATE OL
Signed:	(Date)	ANII: 01
Corplforms\miscforms\change_address.pmd FILE ONE COPY	NO FEE REQUIRED	