

FILED EFFECTIVE

2005 OCT -3 AM 9:38

File Number: W15236

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: Pain Management of North Idaho, PLLC
2. The business mailing address is currently on file as:
1300 E. Mullan #600 Post Falls, ID 83854
3. The business mailing address is to be changed to:
2003 Lincoln Way #310 Coeur d'Alene, ID 83814
4. Change of address is effective: ☒ Upon Receipt OR ☐ (Date)

Signed: Michele A. Magnuson

Printed Name: Michele A. Magnuson

Capacity: Office Manager

Dated: 09/29/2005