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File Number: 0/6/09	4
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STATE OF PART 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.	
Shook-Leavitt Insurance Agency, Inc.	
Shook-Leavitt Insurance Agency, Inc. 1. The name of the business entity is: Shook-Leavitt Insurance Agency, Inc.	
The business mailing address is currently on file as:	
4. Change of address is effective: Upon Receipt OR (Date) Signed: FRANC LANCASTEP Capacity: TREASURER	
Dated: 9-15-05	
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