

# FILED EFFECTIVE

File Number: W81127

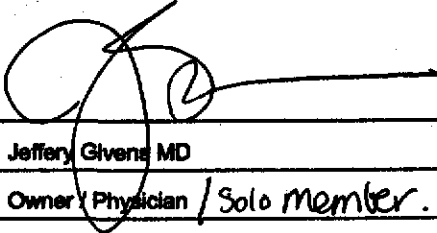
09 APR 22 AM 8:30

SECRETARY OF STATE  
**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: Jeffery Givens PLLC
2. The business mailing address is currently on file as:  
11805 E Nunn Road, Athol, ID. 83801
3. The business mailing address is to be changed to:  
5023 Shore Cove, Post Falls, ID 83854
4. Change of address is effective:

☒ Upon Receipt OR ☐ \_\_\_\_\_  
(Date)

Signed:   
Printed Name: Jeffery Givens MD  
Capacity: Owner / Physician / Solo member.  
Dated: 4/17/2009