NO FEE REQUIRED

## **FILED EFFECTIVE**

g:lcom/forms/miscforms/ohange\_address.pmd

File Number: <u>C 74358</u> 2007 FEB 28 PM 1: 02 SECRETARY OF STATE STATE OF IDAHO 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 malling address. 1. The name of the business entity is: \_\_\_\_\_STUKENHOLTZ LABORATORY INC. 2. The business mailing address is currently on file as: 3420 E. MOONLIGHT DRIVE, KIMBERLY, ID 83341 3. The business mailing address is to be changed to: 2924 ADDISON AVE. EAST / P.O. BOX 353 , TWIN FALLS, ID 83303-0353 4. Change of address is effective: ☑ Upon Receipt OR □\_\_\_\_ Printed Name: BARBIE STUKENHOLTZ-HOLT CORPORATE FINANCIAL OFFICER Capacity: \_\_\_ Dated: \_\_\_\_\_2-28-2007

FILE ONE COPY