FILED EFFECTIVE

File Number: <u>w3669708 MAR 25</u> PM 3: 40

SECRETARY OF STATE
STATE OF IDAHO

STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS

The name of the business entity is: River Heights Vineyard, L.L.C. The business mailing address is currently on file as: 225 North 9th Street, Suite 210, Boise, Idaho 83702 The business mailing address is to be changed to: P.O. Box 2598, Boise, Idaho 83701 Change of address is effective: Dupon Receipt OR (Date) Signed: Patricia D. McGavran Capacity: Member Dated:	The entity identified below submi pose of changing its business mailing	address.					
225 North 9th Street, Suite 210, Boise, Idaho 83702 The business mailing address is to be changed to: P.O. Box 2598, Boise, Idaho 83701 Change of address is effective: Upon Receipt OR (Date) Signed: Actual & Manager Patricia D. McGavran Capacity: Member	he name of the business entity is: R	iver Heights Vine	yard, L.L.C.		 . 200	the country	. 1
225 North 9th Street, Suite 210, Boise, Idaho 83702 The business mailling address is to be changed to: P.O. Box 2598, Boise, Idaho 83701 Thange of address is effective: Upon Receipt OR (Date) Signed: Address D. McGavran Printed Name: Patricia D. McGavran Member						•	
The business mailing address is to be changed to: P.O. Box 2598, Boise, Idaho 83701 Change of address is effective: Upon Receipt OR (Date) Signed: Atuia & M. Hama Printed Name: Patricia D. McGavran Capacity: Member	he business mailing address is curre	ently on file as:				*	٠
P.O. Box 2598, Boise, Idaho 83701 change of address is effective: Upon Receipt OR	225 North 9th Street, Suite 210, Boise, Id	aho 83702				•	
P.O. Box 2598, Boise, Idaho 83701 Change of address is effective: Upon Receipt OR (Date) Signed: Articia D. McGavran Printed Name: Patricia D. McGavran Capacity: Member							
P.O. Box 2598, Boise, Idaho 83701 hange of address is effective: Upon Receipt OR (Date) Signed: Articia D. McGavran Printed Name: Patricia D. McGavran Capacity: Member	he business mailing address is to be	changed to:					
hange of address is effective: Upon Receipt OR				1			
Printed Name: Patricia D. McGavran Capacity: Member		· D					
Printed Name: Patricia D. McGavran Capacity: Member		. O	(Date)				
Capacity: Member							
	Upon Receipt OR						
Dated:	Signed: Patricia D. McGavran						
	Signed: Patricia D. McGavran						
	Signed: Patricia D. McGavran						