## FILED EFFECTIVE

File Number: \_\_\_\_\_\_\_\_ SECTION OF STATE STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS OF IDAHO (see reverse for Instructions) The antity 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: \( \sum\_{inst} \) \( \sum\_{inst} \) 2. The business mailing address is currently on file as: mailing address is currently on file as:

53950 Hwy 95 N Bonners Ferry, TD 83805

mailing address is to be changed to:

539503 Hwy 95N Bonners Ferry, TD 83805 3. The business mailing address is to be changed to: 4. Change of address is effective: ☑ Upon Receipt OR Printed Name: BETH Holmes Capacity: W. Secretary

g:\corp\forms\miscforms\change\_address.pmd

FILE ONE COPY

NO FEE REQUIRED