

**Commonwealth of Kentucky
Elaine N. Walker, Secretary of State**

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Elaine N. Walker
Secretary of State
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Elaine N. Walker
Secretary of State
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<http://www.sos.ky.gov>

**Statement of Change of
Principal Office Address**

POC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

LOWER BACK PAIN, LLC

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Address of current principal office

PO BOX 5159
LOUISVILLE, KY 40255

2. Principal office is hereby changed to:

PO BOX 5219
LOUISVILLE, KY 40255

3. Signature of officer or chairman of the board

Ariella Halpern, Manager

Signature and Title

Type or print name and title

6/8/2011 4:54 PM

Date