

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398
agent@doi.idaho.gov

BUSINESS ENTITY NAME CHANGE*

Date: _____ Idaho License Number: _____ FEIN#: _____

Former Name: _____

Name Change: _____

(Please attach a copy of the amendment filed with the domicile and Idaho Secretaries of State, a list of current officers and your current Idaho license and, if non-resident, be sure domicile state license has been changed.)*

Signature of officer of firm or authorized individual: _____

Printed name: _____

Title: _____

Please confirm or report address change information below.

The Idaho Code requires a (licensee) to have an address accessible to the public, which cannot be a post office box. ***The business address provided must be a physical address. The mailing address can be a post office box.***

Business Address:

(Please include suite number if applicable)

Business Phone # _____ Ext. _____ Toll Free # _____

Fax Number: _____

E-Mail Address _____

Contact Name: _____

Mailing Address: _____

*(NOTE: Please use this form only if the name change does not involve a structure change –Inc to LLC for example—or a change of FEIN. If there has been a change in structure or FEIN, please contact the department for instructions at agent@doi.idaho.gov)
There is no fee for this transaction. A new license copy will be sent to you.