

CANCELLATION OR AMENDMENT FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

05 OCT 12 PM 12:19

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: BEEHIVE HOMES IDAHO2. The assumed business name was filed with the Secretary of State's Office on 11-9-2001 as file number D 49737.3. ☒ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.4. ☐ The assumed business name is amended to: _____5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:Add: Delete:Name:Address:

| | | | |
|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

6. ☐ The type of business is amended to read:

| | | |
|------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

7. ☐ The name and address to which future correspondence should be addressed is changed to read:

8. Name and address for this acknowledgment copy is:

CORY CASTAGNETO
3211 Kellen Circle
NAMPA, ID 83686

Secretary of State use only

Signature: Cory CastagnetoPrinted Name: Cory CastagnetoCapacity: member/owner

(see instruction # 9 on back of form)

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Revised 04/2003

D 49737