3.

5.

Printed Name: -

(see instruction # 9 on back of form)

Capacity:

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME MAY -3 PM # 02 (Please type or print legibly) SECRETARY OF STATE STATE OF IDAHO 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: 1. The assumed business name is: Medical Hx transcribing history, one Like 2. The assumed business name was filed with the Secretary of State's Office 4-26-10 as file number _____D138.74.7. 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. The assumed business name is amended to: Medical The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow: Address: Name: Àdd: Delete: The type of business is amended to read: Transportation and Public Utilities Manufacturing L Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Construction The name and address to which future correspondence should be addressed 7. l is changed to read: 8. Name and address for this acknowledgment copy is: Secretary of State use only

