

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

2012 NOV -2 AM 8:57

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: CROSS BAIT

2. The assumed business name was filed with the Secretary of State's Office on 4/7/2003 as file number D 64249.

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:

| <u>Add:</u>              | <u>Delete:</u>           | <u>Name:</u> | <u>Address:</u> |
|--------------------------|--------------------------|--------------|-----------------|
| <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. Snake River Bait LLC  
Name and address for this acknowledgment copy is:

PO Box 2243  
Idaho Falls Id 83403

Secretary of State use only

Signature: Bruce L Hendrix

Printed Name: BRUCE L HENDRIX

Capacity: managing member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

D64249