



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

2015 OCT -5 AM 9: 50

1. The assumed business name is: Twin Rivers Resort SECRETARY OF STATE  
STATE OF IDAHO
2. The assumed business name was filed with the Secretary of State's Office on 6/6/2003 as file number D66091.
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 follows:

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

6. ☐ The type of business is amended to:

<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☐ Amend mailing address for future correspondence to:

8. Name and address for this acknowledgment copy is:

Kootenai Tribe of Idaho

(Name) \_\_\_\_\_  
PO Box 1269  
(Address) \_\_\_\_\_  
Bonnors Ferry ID 83805  
(City) (State) (Zipcode)

(Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Jennifer Porter, Tribal Vice Chair

Signature: *Jennifer Porter*

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

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

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

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

Secretary of State use only

D66091