

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

09 AUG 14 PM 12:00

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: PANAFLEX PAINTING
2. The assumed business name was filed with the Secretary of State's Office on Apr 4 2005 as file number 086352.
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 checked="" 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:

1301 N. WALES AVE

Meridian ID 83642

Secretary of State use only

Signature: REFIKA MURTIĆ

Printed Name: REFIKA MURTIĆ

Capacity: OWNER

(see instruction # 9 on back of form)

g:\compforms\id\forms\abnamend.pmd  
Revised 04/2003

FILED EFFECTIVE