

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

09 APR 13 AM 8:28

To the SECRETARY OF STATE, STATE OF IDAHO

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: Odin's Eye Tattoo & Art Studios
2. The assumed business name was filed with the Secretary of State's Office on 3/2/05 as file number DB5111.
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"/>	<del>Debra</del> Anderson	720 E 10 N. MT 83647
<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 checked="" 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:

720 E 10 North  
in Home Idaho 83647

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

Printed Name: Debra AndersonCapacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

DB5111