8
CANCELLATION, CONTINUATION, OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)
To the SECRETARY OF STATE, STATE OF IDAHO SEP 21 4 29 PM 10 Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice
of the action(s) indicated below:
1. The assumed successful with the Secretary of State's Office
on $5/13/1997$ as file number $10.440$
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. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. The assumed business name is amended to:
6. 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: 836.7
Add: <u>Delete:</u> <u>Name:</u> <u>Address:</u> 8360 <u>Address:</u> 8360 <u>Name:</u> <u>Name:</u> <u>Name:</u> <u>Name:</u> <u>8360</u> <u>1810</u> , state Street Boise Fd. B. <u>1810</u> , state Street Boise Fd. B. <u>1810</u> , state Street Boise Fd. B. <u>180</u> , <u>State Street Boise Fd. B.</u>
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The type of business is amended to read:
7. Retail Trade Manufacturing Transportation and Public Utilities
Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining
8. The name and address to which future correspondence should be addressed is changed to read:
9. Name and address for this acknowledgment copy is:
1810 W. State Street Boise, Udaho 83702 Secretary of State use only
Signature: <u>Jennifer Anoolis</u> Printed Name: Jennifer Shooks 18,00 = 18,00 = 18,00 assum ANEN # 2
Signature: <u>Jennifer Shooks</u> Printed Name: Jennifer Shooks Capacity: <u>Dwner</u> Date of the state Doctor presson Capacity: <u>Dwner</u> Description Doctor presson CK: 6 CT: 80839 BH: 428478 1 8 18.00 = 18.00 ASSUM ANEH # 2 DHH (S. )
Capacity: <u>DWNEV</u> (see instruction # 10 on back of form)