



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2014 OCT 16 AM 8:55

SECRETARY OF STATE  
STATE OF IDAHO

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

1. The assumed business name is: Emergency Associates and Consulting
2. The assumed business name was filed with the Secretary of State's Office on 02/06/2013 as file number D-160815
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 checked="" type="checkbox"/>	_____	908 W Harbor View Drive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	4211 W Shoreview Lane
<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☒ The name and address to which future correspondence should be addressed is changed to read:
 

~~\*~~ street address change only: 4211 W Shoreview Lane, Coeur d Alene, ID, 83814
8. Name and address for this acknowledgment copy is:

same

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

Printed Name: James P. Winter M.D.

Capacity: Owner

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/16/2014 05:00

CK:13158 CT:279088 BH:1445371  
1@ 10.00 = 10.00 ASSUM AMEN #2

D160815