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

Signature:

Printed Name: Jill L Schopp

Capacity: Prev listed Owner

Printed Name: ______

Capacity:

Signature:__

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2015 MAR 25 AM 9: 03

on 10/10/2003 as file number D69634 3. Cancellation. The persons who filed to the above assumed business name as	he certificate no longer claim an interest in
4. The assumed business name is amen	ded to:
5. The true names and business address business under the assumed business	•
Add: Delete: Name:	Address:
Jill Schopp	PO BOX 3151 Hayden, ID 83835
Larry W Schopp, Jr	PO BOX 3151 Hayden, ID 83835
O	
6. The type of business is amended to r	ead:
Retail Trade Manufactur Wholesale Trade Agriculture	
Services Construction	on
7. The name and address to which future is changed to read:	re correspondence should be addressed
Name and address for this acknowledgment Larry W Schopp, Jr	t copy is:
PO BOX 3151	
Hayden, ID 83835	

Secretary of State use only

IDAKO SECRETARY OF STATE 03/25/2015 05:00

CK:4677 CT:308139 BH:1467862 10 10 00 = 10 00 ASSUM AMEN #2

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