

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

9 MAY 14 PM 1:01
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: MedicaLEVALS

2. The assumed business name was filed with the Secretary of State's Office on OCT 28, 2004 as file number D81421.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CARLTON S. Klint</u>	<u>4980 W. State St #B, Boise, ID 83703</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>ALLAN R. WILSON MD</u>	<u>4980 W. State St #B, Boise ID 83703</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>GLORIA LACH</u>	<u>4980 W. State St #B, Boise, ID 83703</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>GLORIA WILSON</u>	<u>4980 W. State St #B, Boise ID, 83703</u>

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:

562 W. State #B, Boise, ID 83703

8. Name and address for this acknowledgment copy is:

GLORIA J. WILSON

562 W. WILLOW TRACE DR

EAgle IDAHO 83616

Signature: Gloria J. Wilson

Printed Name: GLORIA J. WILSON

Capacity: owner

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/14/2009 05:00
CK: CASH CT: 150010 BH: 1178513
1 @ 10.00 = 10.00 ASSUM AMEN # 2

g:\cplforms\labrform\labrnamend.pmd Revised 04/2003

D81421