

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

EFFECTIVE
 08 JAN 28 AM 1:18
 SECRETARY OF STATE
 IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
 Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned does hereby give notice of the action(s) indicated below:

1. The assumed business name is: LASER LINES
2. The assumed business name was filed with the Secretary of State's Office on 10/14/03 as file number D69674.
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"/>	_____	_____
<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 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:

P.O. Box 5678
TWIN FALLS, ID
83303-5678

P.O. Box 5678
TWIN FALLS, ID
83303-5678

Signature: Don Hansen

Printed Name: DON HANSEN

Capacity: OWNER

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
 01/29/2008 05:00
 CK: 1157 CT: 221995 BH: 1096966
 1 @ 10.00 = 10.00 ASSUM AMEN # 3

g:\compliance\forms\assumedname\amend.jmnd
 Revised 04/2003