CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 2004 SEP - 1

(Please type or print legibly)

(Please type or print legibly)
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: (a) izard of QLZ Respite Care
1. The assumed business name is:
2. The assumed business name was filed with the Secretary of State's Office on 10/10/2000 as file number
3. Cancellation. The persons who filed the certificate no longer claim an interest in
4. The assumed business name is amended to: <u>Q. Shepherds Resting Place</u>
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:
D Bonnie L. Mayer 2604 N. 11th St.
Coeur d'alene, ID
7 7 838/5
6. ☐ The type of business is amended to read: ☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities ☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate ☐ Services ☐ Construction ☐ Mining 7. ☐ The name and address to which future correspondence should be addressed is changed to read: ☐ 2604 N. 11th St. Coeur d alene, ID 83815 8. Name and address for this acknowledgment copy is: ☐ Bonnie L. Mayer
2604 N. 11 St. Secretary of State use only
Coeur d'alene ID 83815 Signature: Bonnie L Mayer Printed Name: Bonnie L Mayer Capacity: CNA / Owner (see instruction # 9 on back of form)