

# CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(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: High Altitude Fitness
2. The assumed business name was filed with the Secretary of State's Office on 9/22/99 as file number D29394
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. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: \_\_\_\_\_
6. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:
 

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Kevin Mora</u>	<u>PO Box 1048, Ketchum, ID 83340</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Deadlift, Inc.</u>	<u>PO Box 1048, Ketchum, ID 83340</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. ☒ The type of business is amended to read:
 

<input checked="" 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
8. ☒ The name and address to which future correspondence should be addressed is changed to read:
 

Kevin Mora, PO Box 1048, Ketchum, ID 83340
9. Name and address for this acknowledgment copy is:

Eric L. Olsen, Esq.PO Box 1391Pocatello, ID 83204

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

Printed Name: Eric L. OlsenCapacity: Agent / Attorney-in-fact

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/01/2000 09:00  
CK: 14819 CT: 1188 BH: 337895

1 @ 10.00 = 10.00 ASSUM AMEN # 3

 FILED EFFECTIVE  
 AUG 1 9 19 AM '00  
 SECRETARY OF STATE