

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

FEB 25 AM 11:50  
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: Quadra
2. The assumed business name was filed with the Secretary of State's Office  
on Sept 30, 2003 as file number D69318.
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:

Mike Lincoln  
3233 W. Grand Rapids  
Meridian, Id 83646

Secretary of State use only

Signature: [Signature]

Printed Name: Mike Lincoln

Capacity: Personal Representative

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

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_