

CANCELLATION OR AMENDMENT OF EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

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

JAN 17 AM 8:58
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: DOUBLETREE PRODUCTIONS

2. The assumed business name was filed with the Secretary of State's Office on 10/28/1999 as file number D 30413

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 checked="" type="checkbox"/>	<u>LORENZO (PAT) MURPHY</u>	<u>163 EXHIBITION. KETCHUM</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ELIZABETH (BETTY) MURPHY</u>	<u>" P.O. BOX 3557</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>KETCHUM ID.</u>
			<u>83340</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:

8. Name and address for this acknowledgment copy is:

DOUBLETREE PRODUCTIONS
P.O. BOX 3557
KETCHUM, ID 83340

Secretary of State use only

Signature: Elizabeth Murphy

Printed Name: ELIZABETH MURPHY

Capacity: PRESIDENT

Signature: _____

Printed Name: _____

Capacity: _____

IDAHO SECRETARY OF STATE
11/17/2011 05:00
CK: 1458 CT: 264250 BH: 1298517
1 @ 10.00 = 10.00 ASSUM AMEN # 2