



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**
**2015 AUG 24 AM 9:26**

1. The assumed business name is: Idaho Natural Dentistry **SECRETARY OF STATE  
STATE OF IDAHO**
2. The assumed business name was filed with the Secretary of State's Office on 04/27/2015 as file number D178618.
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: Northwest Natural Dentistry
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address) (City, State, Zipcode)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address) (City, State, Zipcode)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address) (City, State, Zipcode)

6. ☐ The type of business is amended to:

<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☐ Amend mailing address for future correspondence to:

8. Name and address for this acknowledgment copy is:

Cory Harker

1250 Ironwood Dr ste 216  
(Name) (Address) (City) (State) (Zipcode)  
Coeur d'Alene ID 83814

Printed Name: Cory Harker

Signature:

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

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/24/2015 05:00**

CK:2038 CT:309552 BH:1489351  
 1@ 10.00 = 10.00 ASSUM AMEN #2

D178618