

# 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: A+B STORAGE OF BLACKFOOT
2. The assumed business name was filed with the Secretary of State's Office on 9-22-99 as file number D29416.
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:

Add:	Delete:	Name:	Address:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>VAR LINDSAY</u>	<u>1430 Highland Dr., Blackfoot, Id 83221</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Rose Marie Lindsay</u>	<u>" " " " " "</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>John L. &amp; RuAnna P. Green</u>	<u>P.O. Box 456 Blackfoot, Id. 83221</u>

7. ☒ The type of business is amended to read: same
- |  |  |  |
|--|--|--|
| <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                              |
8. ☐ The name and address to which future correspondence should be addressed is changed to read: \_\_\_\_\_

9. Name and address for this acknowledgment copy is:

Var Lindsay

209 NW Main

Blackfoot, Id. 83221

Signature: Var LindsayPrinted Name: VAR LINDSAYCapacity: Proprietor

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\lab\form\amend\abn.pmf  
Revised 01/2001

IDAHO SECRETARY OF STATE  
02/05/2002 05:00  
CK: 1998 CT: 156757 BH: 444155  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D29416