CANCELLATION OR AMENDMENT OF EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application) 1:30

To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below:	AHO SECRETARY DO JATE daho Code, the undersigned gives notice
The assumed business name is:St. Luke's & Health Care Professionals Credit Union	
2. The assumed business name was filed with the Secretary of State's Office on as file number	
 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 amende	ed 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:
O D	
 	
6. The type of business is amended to read:	
Retail Trade	
7. The name and address to which future correspondence should be addressed is changed to read:	
Name and address for this acknowledgment of Christine Neuhoff	copy is:
190 E. Bannock Street	
Boise, ID 83712	Secretary of State use only
Signature:	,
Printed Name: Christine Neuhoff	
Capacity: General Counsel	_
Signature:	D60769
Printed Name:	
Canacity	