

# 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:

02 MAR 29 AM 9:36

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: Lost Alaskan Memories
2. The assumed business name was filed with the Secretary of State's Office on April 21, 1997 as file number D 3633.
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 type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☒ The type of business is amended to read:

<input checked="" type="checkbox"/> Retail Trade	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Mining

8. ☒ The name and address to which future correspondence should be addressed is changed to read:

Susan Griffith PO Box 66 Dover, Id 83825

9. Name and address for this acknowledgment copy is:

Susan Griffith

PO Box 66

Dover, Idaho 83825

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

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

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

(see instruction # 10 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/29/2002 05:00  
CK: 1252 CT: 00173 BH: 455558  
1 @ 10.00 = 10.00 ASSUM ANEN # 2

g:\corpforms\labrforms\amendabn.pmf  
Revised 01/2001