

# 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: Capitol Airports Taxite
2. The assumed business name was filed with the Secretary of State's Office on 9/10/97 as file number D7962.
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>Ryan W.K. Mather</u>	<u>487 Lilly Dr Boise I.D. 83713</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Rich V. Mather</u>	<u>913 West 2<sup>nd</sup> Meridian 8364</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ 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                              |
8. ☐ The name and address to which future correspondence should be addressed is changed to read:

487 Lilly Dr Boise I.D. 83713

9. Name and address for this acknowledgment copy is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Ryan W.K. Mather

Printed Name: Ryan W.K. Mather

Capacity: owner

(see instruction # 10 on back of form)

Secretary of State use only

g:\corpforms\lab\forms\amendabn pm6  
Revised 01/2001

IDAHO SECRETARY OF STATE  
09/13/2001 05:00  
CK: CASH CT: 86983 BH: 418898  
1 @ 10.00 = 10.00 ASSUM AMEN # 2