

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

07 SEP -4 PM 4:15

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned hereby gives notice of the action(s) indicated below:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Final Phase Contractor's
2. The assumed business name was filed with the Secretary of State's Office on NOV 17th 05 as file number D93744.
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: _____
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:

- | | | | |
|--------------------------|-------------------------------------|-------------------------|-----------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Tamara Kauhaahaa</u> | <u>344 W. Hale St. #202</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | <u>Boise Idaho 83706</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

6. ☐ 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 type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

8. Name and address for this acknowledgment copy is:

Tamara Kauhaahaa
344 W. Hale St. #202
Boise Id. 83706

Signature: Tamara KauhaahaaPrinted Name: Tamara Kauhaahaa

Capacity: _____

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
 09/04/2007 05:00
 CK: CASH CT: 150010 BH: 1074038
 1 @ 10.00 = 10.00 ASSUM AMEN # 2