

**CANCELLATION, CONTINUATION, OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)

FILED

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: DENTPRO OF SPOKANE & NOSTALGIA STATE
STATE OF IDAHO
2. The assumed business name was filed with the Secretary of State's Office
on 3/6/97 as file number D1815 (0900 70211 2)
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 checked="" type="checkbox"/>	DOUGLAS A. D'Andrea	1602A E. SETTER WAY #261 POST FALLS, IDAHO 83854
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DAVID A. D'Andrea	1602A E. SETTER WAY #261 POST FALLS, IDAHO 83854
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PATRICIA L. D'Andrea	1602A E. SETTER WAY #261 POST FALLS, IDAHO 83854

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:

9. Name and address for this acknowledgment copy is: DAVID A. D'Andrea 1602A E. Selfice Way #2601
Post Falls, Idaho 83854

DAVID A. D'ANDREA
11602A E. Seltice Way #261
Post Falls, ID 83854

Signature: [Signature]

Printed Name: DAVID A. D'ANDREA

Capacity: Owner

(see instruction # 4 on back of form)

Secretary of State use only

IDAH0 SECRETARY OF STATE

09/16/1999 09:00
CK: 3828 CT: 120505 BH: 258299

1 @ 10.00 = 10.00 ASSUM MEN # 2

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