Capacity:

(see instruction # 9 on back of form)

CANCELLATION OR AMENDMENT OF EFFECT. CERTIFICATE OF ASSUMED BUSINESS NAME

| (Please type or print le | ogibly) 2: 39 |
|--|--|
| To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below: | ANO |
| 1. The assumed business name is: MIRACLE MA | AKEOVERS |
| 2. The assumed business name was filed with on 9-21-2001 as file number D 4 | the Secretary of State's Office |
| Cancellation. The persons who filed the the above assumed business name and | e certificate no longer claim an interest in disconding the certificate in its entirety. |
| 4. The assumed business name is amende | ed to: |
| 5. The true names and business address business under the assumed business | |
| Add: Delete: Name: | Address: |
| | |
| | |
| | |
| 6. The type of business is amended to re- | ad: |
| Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction | g Transportation and Public Utilities Finance, Insurance, and Real Estate |
| 7. The name and address to which future is changed to read: | correspondence should be addressed |
| 8. Name and address for this acknowledgment of | copy is: |
| | |
| | Secretary of State use only |
| Signature: Off M | Revised 04/2003 |
| Printed Name: CLIFFORD W ANDERSON | Revise |