

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:

JUL -5 PM 4:20

STATE OF IDAHO

1. The assumed business name is: Berlitz
2. The assumed business name was filed with the Secretary of State's Office on July 7, 1999 as file number D27382
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"/>	<u>Thomas Language Services, LLC</u>	<u>3305 Crescent Rim Drive, Boise, ID 83706</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Idaho Language Services, Inc.</u>	<u>4010 Whitehead St., Boise, ID 83703</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>C144366</u>	_____

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 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:

Idaho Language Services, Inc.4010 Whitehead St.Boise, ID 83703

Signature: _____

Printed Name: John E. WynnCapacity: President, Idaho Language Services, Inc.

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\amendabn.pmf Revised 01/2001

IDAHO SECRETARY OF STATE
 07/08/2002 05:00
 CK: 1001 CT: 150010 BH: 475946
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D27382