CANCELLATION, CONTINUATION, OR AMENDMENT (JF
CERTIFICATE OF ASSUMED BUSINESS NAME 8: 5	58
(nices time or print legibly)	

CERTIFICATE OF ASSUM	
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I	人口へ
of the action(s) indicated below.	·
 The assumed business name is: STEVE J 	
011 as life (full los)	D6025
the above assumed business name and	
the lapse date).	years (may be filed up to 6 months phor to
5. The assumed business name is amend	ed to:
6. X The true names and business address business under the assumed business	ses of the entity or individuals doing s name are amended as follow:
	Address:
STEVEN K. JONES	391 N 150 E SHOSHONE, ID 83352
G G	
7. The type of business is amended to re	ead:
Retail Trade Manufacturi Wholesale Trade Agriculture Services X Construction	Finance, Insurance, and Real Estate Mining
8. The name and address to which future is changed to read:	e correspondence should be addressed
	K 473 SHOSHONE, ID 83352
Name and address for this acknowledgment	copy is:
STEVEN K. JONES	
P.O. BOX 473	Secretary of State use only
SHOSHONE, ID 83352	n.pm8
Signature:	JUNE SECRETARY OF STATE 100
Printed Name:steven kjones	6
Capacity: OWNER	7 € 70°06 - 70°06 UGGON WITH & C
(see instruction # 10 on back of form)	