

# 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:

1. The assumed business name is: Lacey Place Assisted Living
2. The assumed business name was filed with the Secretary of State's Office on MAY 12, 99 as file number D 25920 unknown
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: Lacey Assisted Living
6. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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:

Lacey Assisted Living - 454 W. Lacey Ave.

9. Name and address for this acknowledgment copy is:

Lacey Assisted Living  
454 Lacey Avenue W.  
Hayden, Idaho 83835

IS AND SECRETARY OF STATE

05/24/1999 09:00  
CK: 83187580523 CT: 115905 BH: 219351

1 @ 10.00 = 10.00 ASSUM AMEN # 2

Signature: Deborah E. Lawler

Printed Name: Deborah E. Lawler

Capacity: Owner/Administrator

(see instruction # 4 on back of form)

g:\corp\forms\acknchg.pmf Revision 2/99

D 25920

99 MAY 24 AM 10:47  
STATE OF IDAHO

FILED