FILED EFFECTIVE	
CANCELLATION, CONTINUATION CERTIFICATE OF ASSUME (Please type or print legit To the SECRETARY OF STATE, STATE OF IDAM Pursuant to Section 53-507 and 53-508, Idam of the action(s) indicated below:  1. The assumed business name is:	ED BUSINESS NAME  HO SEP 25 PH 12: 06  aho Code, the undersigned gives notice
2. The assumed business name was filed with the on _ 1/4/2002 as file number _ D 58	ne Secretary of State's Oπice
3. Cancellation. The persons who filed the the above assumed business name and	certificate no longer claim an interest in cancel the certificate in its entirety.
4. Continuation. The persons who filed the assumed business name for another 5 yes the lapse date).	certificate continue use of the above ears (may be filed up to 6 months prior to
5. The assumed business name is amended	d to:
6. The true names and business addresse business under the assumed business r	•
Add: Delete: Name:	Address:
- 🔲 📗	
7. The type of business is amended to rea	d:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities  Finance, Insurance, and Real Estate  Mining
8. The name and address to which future of is changed to read:	correspondence should be addressed
SP DECOUNTED SO FOR	. Tessa Jones P.D. Box 191242
9. Name and address for this acknowledgment co	ppy is: B0158 ID 83719
BOISE ID 83719	Secretary of State use only
gnature:	IDAHO SECRETARY OF STATE  99/25/2002 05 = 00  CK: CASH CT: 158010 BH: 490130  1 0 10.00 = 10.00 ASSUM AMEN # 2

Signature: \( \text{\text{Mob}} \) Printed Name: Tessa Capacity:\_

(see instruction #10 on back of form)