CANCELLATION OR AMENDMENT OF EFFECTIVE

(Please type or print legibly)

	35CPETARY 9:10
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	AHO Idaho Code, the undersigned gives notice
1. The assumed business name is:wyth	ERNGATE PRESS
 The assumed business name was filed with on <u>JULY 23, 200</u> as file number <u>D67</u> 	
3. XX Cancellation. The persons who filed the above assumed business name and	ne certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is amend	ded 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	ead:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	ing Transportation and Public Utilities Finance, Insurance, and Real Estate
7. The name and address to which futur is changed to read:	e correspondence should be addressed
8. Name and address for this acknowledgment	copy is:
PAMELA A. TODD	
C/O P.O. BOX 2028	
SANDPOINT, ID 83864	Secretary of State use only
Signature: Cancela A Lidd	g toorptoms starnforms Natural and Revised Out/2003
Printed Name: PAMELA A. TODD	Revise
Capacity: OWNER	Coorpidor
(see instruction # 9 on back of form)	i or