CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME, 108

(Please type or print legibly, instructions are	(ucided on the pack of the abblication)
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	AHO SECRETARY OF STATE Idaho Code, the undersigned gives notice
1. The assumed business name is: NATURAL N	MEDICINE INSTITUTE
The assumed business name was filed with on MAR 3, 2000 as file number d33660	
3. Cancellation. The persons who filed the above assumed business name an	ne certificate no longer claim an interest in disconding the certificate in its entirety.
4. The assumed business name is amend	led to:
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
SUZANNE MAC COY	15171 N HAUSER LK RD HAUSER ID 83854
I I Wallness Health_	15171 N HAUSER LK RD HAUSER ID 83854
Partnerships, Inc.	15171 N HAUSER LK RD HAUSER ID 83854
<u> </u>	्र(45755)
6. The type of business is amended to re	ead:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	e correspondence should be addressed
Name and address for this acknowledgment SUZANNE MAC COY	copy is:
15171 N HAUSER LK RD	
HAUSER, ID 83854	Secretary of State use only
signature: The Man Offila (& A	Secretary of State use only
rinted Name: SUZANNE MAC COY	
Capacity: PRESIDENT	
Signature:	<u> </u>
Printed Name:	IDAHO SECRETARY OF STATE 92/17/2012 95:99
Capacity:	CK: 1014 CT: 267148 BH: 1311243 1 0 10.00 = 10.00 ASSUM AMEN # 2

abn_amend.pmd Rev. 07/2010