CANCELLATION OR AMENDMENTO OFFICE CTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 2005 1990 400

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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: Teton Integrative Medicine
2. The assumed business name was filed with the Secretary of State's Office on <u>17 Dec 2001</u> as file number <u>10 S の S み ら</u>
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. The assumed business name is amended to: Sand sount Integrative Medicine
5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:
Add: Delete: Name: Address:
6. The type of business is amended to read:
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining
7. The name and address to which future correspondence should be addressed is changed to read: Sandpoint Integrative Medicine 704 N THIRD ADE SANDPOINT TO 83864
8. Name and address for this acknowledgment copy is:
Sand Point T
Steve Helms NMD Sandpoint Integrative Medicine Secretary of State use only
704 N. THIRD ADE
Signature: Printed Name:
Printed Name: Heve Helm
Printed Name:
Capacity: CK: 1226 CT: 158818 BH: 81/2/2 (see instruction # 9 on back of form) CK: 1226 CT: 158818 BH: 81/2/2 18.66 ASSUM AMEN # 2
N 50526