

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:

FILED/EFFECTIVE
OCT 18 - 9 AM 9:15

1. The assumed business name is: BOVILL CAFE STATE OF IDAHO
2. The assumed business name was filed with the Secretary of State's Office on MAY 8 97 as file number 04250.
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: NORTHWOODS INN
6. ☐ 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:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DANNA KIMBERLY</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>RAYNA HARGREAVES</u>	<u>102 MAIN ST. BOVILL, ID</u>
<input type="checkbox"/>	<input type="checkbox"/>		<u>83806</u>

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 checked="" 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: NORTHWOODS INN

P. RAYNA HARGREAVES P.O. Box 232 BOVILL, ID

9. Name and address for this acknowledgment copy is:

P. RAYNA HARGREAVES

P.O. Box 232

BOVILL, ID 83806

Signature: R. Hargreaves

Printed Name: R. HARGREAVES

Capacity: PROPRIETOR

(see instruction # 4 on back of form)

Secretary of State-use only
IDAHO SECRETARY OF STATE

03/06/2000 09:00
CK: 2067 CT: 127603 BH: 296003

1 @ 10.00 = 10.00 ASSUM AMEN # 2