	For Office Use Only
CANCELLATION OR AMI	FNDMENT OF -FILED-
CERTIFICATE OF ASSUMED BUSINES	
Base filing fee: \$10.00 + \$20.00 for manual processing (form must be typed).	
(see Instructions for additional fees)* 1. The assumed business name is: SIMPLY SIMON HEALTH	
<ol> <li>The assumed business name was filed with the Secretary of State's office on <u>10/3/2017</u> as file number <u>595842</u>.</li> </ol>	
3. <b>Cancellation</b> . 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:	
5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:	
Add: Delete: D	
(Name) (Address) Add: Delete: D	
(Name) (Address)	
(Name) (Address)	
6. The type of business is amended to:	Transportation and Public Utilities
Wholesale Trade Agriculture	
Services Construction	Finance, Insurance, and Real Estate
<ol> <li>Amend mailing address for future correspondence to:</li> </ol>	8. Name and address for this acknowledgment copy is:
(Name)	DR. TAMARA SIMON
	951 E. Plaza Drive, Suite 170
(Address)	(Address) Eagle, ID 83616
(City, State Zipcode)	(City, State Zipcode)
Printed Name: Dr. Tamara Simon	Secretary of State use only
Signature: A. Tamana Limon	
Printed Name:	
Signature:	
Printed Name:	
Signature:	
Pavised 01/2010	