Printed Name: Rom

Capacity: Sob Proprietor

(see instruction # 4 on back of form)

CANCELLATION,	CONTINUATION	, OR AME	NDMENT OF
CERTIFICAT	E OF ASSUMED (Please type or print legibly)	BUSINES	S NAMEII ED
	(Please type or print legibly)	•	SA OCT 13 PARTY

CERTIFICATE OF ASSUMED BUSINESS NAMIFILED			
(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:			
1. The assumed business name is: HI KANALIDE CHICE SCRUTCES			
2. The assumed business name was filed with the Secretary of State's Office on <u>Ol-21-98</u> as file number <u>DII 389</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. 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: Ron Mespelt			
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:			
□ X KAl Kinghorn 7980 Thembre Mbn. Dr Rosse, Id			
7. 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			
The name and address to which future correspondence should be addressed is changed to read:			
RON Mespelt Houseshou Bend Rel #59 Buse, Jal 33703			
Name and address for this acknowledgment copy is:			
Row Masself 10601 Hourston Bend Rd # 59			
Bodge I 33703 Secretary of State use only			
New Vision 200			
Signature ones et			

IDAHO SECRETARY OF STATE

10/13/1999 69:00 CK: 1884 CT: 121688 BH: 257725

1 8 ,10.88 = 19,88 ASSUM AMEN # 2