

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECTIVE  
07 AUG 10 PM 2:43

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:

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: TEAM FACE MASK
2. The assumed business name was filed with the Secretary of State's Office on 7-30-2007 as file number D113832
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: \_\_\_\_\_
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:

- |                                     |                                     |                                |                |   |
|-------------------------------------|-------------------------------------|--------------------------------|----------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>SPORTS FANATIC GEAR INC</u> | <u>C153215</u> | <u>4867 BLUEGRASS AVE, BOISE, ID. 83703</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>SPORTS FANATIC GEAR LLC</u> | <u>W65601</u>  | <u>4867 BLUEGRASS AVE, BOISE, ID. 83703</u> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____                          | _____          | _____                                       |

6. ☐ 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 type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
7. ☐ The name and address to which future correspondence should be addressed is changed to read: \_\_\_\_\_

8. Name and address for this acknowledgment copy is:

SCOTT STEWART  
4867 BLUEGRASS AVE.  
BOISE, ID. 83703

Signature: [Signature]

Printed Name: SCOTT STEWART

Capacity: OWNER/MANAGER

(see instruction # 9 on back of form)

Secretary of State use only

g:\compform\id\form\assumedname\assumedname4.pmd  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/10/2007 05:00  
CK: 1242245 CT: 172039 BH: 1070184  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D113832