

228

FILED EFFECTIVE

**CANCELLATION OR AMENDMENT OF  
CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)

SECRETARY OF STATE

To the SECRETARY OF STATE, STATE OF IDAHO

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: First Impressions
2. The assumed business name was filed with the Secretary of State's Office on 11/30/04 as file number D82274.
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6.  The type of business is amended to read:

<input checked="" 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:

Debra and Peter Jones

3529 Evergreen

Hampt, Id 83687

Signature: Debra JonesPrinted Name: Debra JonesCapacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only