

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application. **SEP 19 AM 9:16**)

To the SECRETARY OF STATE, STATE OF IDAHO

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: Visions Home Health
2. The assumed business name was filed with the Secretary of State's Office on 11/17/2003 is file number D70710
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:

☐☒Visions Home Health + Home Care Options, LLC☒☐Visions Home Health + Visions Home Care, LLC☐☐

6. ☐ 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

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:

Tammi Harr209 Shoup Ave WTwain Falls, Id 83301Signature: Amala SlatterPrinted Name: Amala SlatterCapacity: member

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/19/2011 05:00
 CK: 15549 CT: 262553 BH: 1290944
 1 @ 10.00 = 10.00 ASSUM AMEN # 2