

CANCELLATION, CONTINUATION, OR AMENDMENT OF  
CERTIFICATE OF ASSUMED BUSINESS NAME

(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: Roger's Cabinetry
2. The assumed business name was filed with the Secretary of State's Office  
on 10-28-98 as file number D19454
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: \_\_\_\_\_
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:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ 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
8. ☐ The name and address to which future correspondence should be addressed  
is changed to read:  
\_\_\_\_\_

9. Name and address for this acknowledgment copy is:

\_\_\_\_\_  
ROGER D. EDGINGTON  
\_\_\_\_\_  
Nampa, ID 83651  
\_\_\_\_\_  
ROGER D. EDGINGTON  
\_\_\_\_\_  
514 C. Adams  
\_\_\_\_\_  
Nampa, ID 83651

Secretary of State use only

Signature: \_\_\_\_\_  
Printed Name: Roger D. Edgington  
Capacity: owner

(see instruction # 4 on back of form)

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