

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: MYLO CONSTRUCTION
2. The assumed business name was filed with the Secretary of State's Office on 6/22/99 as file number D 27055
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: MYLO EXTERIORS
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 checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

905 S MAIN ST STAR IDAHO 83106

9. Name and address for this acknowledgment copy is:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/24/2001 05:00
CK: 1557 CT: 149156 BH: 409332
1 @ 10.00 = 10.00 ASSUM AMEN # 2

Signature: Mike WilsonPrinted Name: Mike WilsonCapacity: OWNER / President

(see instruction # 10 on back of form)

g:\corp\forms\lab\forms\amendabn.prm6
Revised 01/2001