



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 JUL -5 AM 10:32

(Please type or print legibly. Instructions are included on the back of the application.)

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: 2nd Chance Sports
2. The assumed business name was filed with the Secretary of State's Office on May 15 2014 as file number D171231
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Chance J Stringer</u>	<u>3734 Hwy 95 Parma, ID 83660</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
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:

Chance J Stringer

3734 Hwy 95

Parma, ID 83660

Signature: *Chance J Stringer*

Printed Name: Chance J Stringer

Capacity: _____

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2014 05:00

CK:1950412 CT:172099 BH:1427808

1@ 10.00 = 10.00 ASSUM AMEN #2

D 171231