



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2015 JUL 20 AM 9:15

1. The assumed business name is: Confianza Insurance
2. The assumed business name was filed with the Secretary of State's Office on 04 30 2014 as file number D170840.
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 follows:

Add: ☐ **Delete:** ☐ _____
 (Name) (Address) (City, State, Zipcode)

Add: ☐ **Delete:** ☐ _____
 (Name) (Address) (City, State, Zipcode)

Add: ☐ **Delete:** ☐ _____
 (Name) (Address) (City, State, Zipcode)

6. ☐ The type of business is amended to:

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

7. ☒ Amend mailing address for future correspondence to:

Page Insurance, LLC

(Name)

2647 E 14TH N STE A

(Address)

IDAHO FALLS ID 83401

(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

(Name)

(Address)

(City) (State) (Zipcode)

 Printed Name: JOHN PAGE

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

D170840