

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

(Please type or print legibly)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned give notice of the action(s) indicated below:

1. The assumed business name is: CASCADE RENTALS OF STATE
STATE OF IDAHO
2. The assumed business name was filed with the Secretary of State's Office on 5/9/97 as file number D 4302.
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 checked="" type="checkbox"/>	<u>STEVEN E REED</u>	<u>PO BOX 1139 CASCADE ID</u> 83611
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ELAINE P REED</u>	<u>1483 SAGE HEN CT</u> MERIDIAN ID 83642
<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 checked="" 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:

ELAINE REED 1483 E SAGE HEN CT MERIDIAN

9. Name and address for this acknowledgment copy is:

ID 83642

ELAINE P REED
1483 E SAGE HEN CT
MERIDIAN ID 83642

Signature: Elaine P ReedPrinted Name: ELAINE P REEDCapacity: OWNER

(see instruction # 10 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
03/26/2002 05:00
CK: CASH CT: 158010 BH: 454757
1 @ 10.00 = 10.00 ASSUM AMEN # 3

D 4302