

# 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: ARP-DICKINSON INSURANCE
2. The assumed business name was filed with the Secretary of State's Office on 10/23/2001 as file number D39896.
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:

JAMES E DICKINSON INSURANCE INC  
DICKINSON INSURANCE &

FINANCIAL SERVICES  
PO BOX 1268  
POST FALLS ID 83877

Signature: \_\_\_\_\_

Printed Name: JAMES DICKINSON

Capacity: PRESIDENT

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\lab\forms\amendment.pmf  
Revised 01/2001

FILED EFFECTIVE  
11/27/13  
STATE OF IDAHO