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

CERTIFICATE OF ASSUMI	aible A
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, to of the action(s) indicated below:	daho Code, the undersigned gives notice
1. The assumed business name is: Tier One	e Emergy Al Educators
2. The assumed business name was filed with on 3 (4 (2002 as file number <u>b5294</u>	the Secretary of State's Office
3. Cancellation. The persons who filed the the above assumed business name and	e certificate no longer claim an interest in decentificate in its entirety.
the lapse date).	years (may be filed up to 6 months prior to
5. The assumed business name is amende	ed to: Tier One Emergency Medical
6. The true names and business address business under the assumed business	es of the entity or individuals doing
Add: Delete: Name:	Address:
Lisa A. Bausman	2987E 3600N TWNFAUS, 10,83301
7. The type of business is amended to re	ead:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
8. The name and address to which future is changed to read:	e correspondence should be addressed
Name and address for this acknowledgment of the second secon	copy is:
Tom L. BAUSMAN	
2987E 3600N	Secretary of State use only
TWIN FAUS 10/83301-8722	
TWIN FAUS, 18 05301-8722	an dabn.
ignature: / where on	IDAHO SECRETARY OF STATE
rinted Name Tom L. BAUSMAN	IDAHO SECRETARY OF STATE  ##################################
Capacity: <u>Owner</u>	D 52911.
(see instruction # 10 on back of form)	15 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \