## CANCELLATION, CONTINUATION, OR AMENDMENT OF

of the action(s) indicated below:  1. The assumed business name is:	the Secretary of State's Office  e certificate no longer claim an interest in d cancel the certificate in its entirety.
the lapse date).  5. The assumed business name is amend	
6. The true names and business address business under the assumed business	ses of the entity or individuals doing
Add: Delete: Name:	Address:
	<u> </u>
П П	
7. The type of business is amended to re	
Retail Trade Manufacturii Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate  Mining
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:
William Allen  115 17th AVE S  Nampa ID 83651	Secretary of State use only
Signature: Mer Seil Hamm	g; toorp koms lamendabn.pm6 Revised 01.2001
Printed Name: HUEO Dive MANNE	Rev Rev
(see instruction #10 on back of form)	1722608