FILED EFFECTIVE

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 2003 FEB 13 AM 8: 53 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: SEMEDIARY OF STATE Teton Naturopathic Center STATE OF IDAHO 1ณ he assumed business name is: _ The assumed business name was filed with the Secretary of State's Office as file number _____ 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. 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). The assumed business name is amended to: Teton Integrative Medicine The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow: Name: Address: Add: Delete: Teton Integrative Medicine 80 E.Little Avenue Driggs, ID 83422 F The type of business is amended to read: Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade **Aariculture** Finance, Insurance, and Real Estate Services Construction Minina The name and address to which future correspondence should be addressed 8. is changed to read: Teton Integrative Medicine 80 E. Little Avenue Driggs, ID 83422 9. Name and address for this acknowledgment copy is: **Teton Integrative Medicine** 80 E. Little Avenue Secretary of State use only Driggs, Idaho 834 Signature: Printed Name: IDAHO SECRETARY OF STATE Capacity:

(see instruction #/10 on back of form)

IDAHO SECRETARY OF STATE **92/20/2003 05:00** CK: 562 CT: 158010 BH: 664112 10 18.00 = 19.00 assim ang m