

**FILED EFFECTIVE**

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

AM 9:01  
SECRETARY OF STATE  
STATE OF IDAHO

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: ABC/123 Preschool
2. The assumed business name was filed with the Secretary of State's Office  
on 11-30-05 as file number D 94028.
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.  The assumed business name is amended to: \_\_\_\_\_
5.  The true names and business addresses of the entity or individuals doing  
business under the assumed business name are amended as follow:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6.  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
7.  The name and address to which future correspondence should be addressed  
is changed to read:  
\_\_\_\_\_

8. Name and address for this acknowledgment copy is:

JaLyn Weeks  
1800 N 3400 W  
Malad City, ID 83252

Signature: *JaLyn Weeks*  
 Printed Name: JaLyn Weeks  
 Capacity: Owner  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Capacity: \_\_\_\_\_

Secretary of State use only

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