

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 AUG -8 AM 9:03

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:

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: Touch of Grace, Massage
2. The assumed business name was filed with the Secretary of State's Office on 6-24-09 as file number D131717
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:

Add: Delete: Name: Address:

<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 checked="" 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:  
\_\_\_\_\_

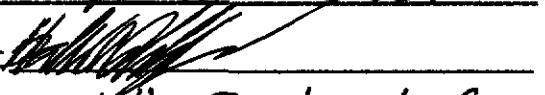
8. Name and address for this acknowledgment copy is:

Hallie Duebendorfer

P.O. Box 1947

Sandpoint, ID 83864

Secretary of State use only

Signature: 

Printed Name: Hallie Duebendorfer

Capacity: Owner

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

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

D 13M17