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CA	NCE	LLATI	ON, CC	AUNITA	TION,	OR AM	MENDME	ARAFEC?
	CE	RTIFIC	· · · · · ·		TILD .	BUSINE	ess Nam	E CY
To t	he SEC	RETARY		lease type or prin E. STATE OF			Sr.	yes notice
	Purs	uant to Se	ction 53-5	07 and 53-508		Code, the u	ındersigned gi	ves notice
4		• •	indicated		Maahin	ina	**7	(i) F
				ie is: <u>MSB</u>			Challe Office	
				number		-	State's Office	
3.	ු Ca the	ncellation above as	. The pers	ons who filed siness name a	the certifi and cance	icate no lo el the certif	nger claim an i	interest in irety.
4. [as		siness nan				inue use of the ad up to 6 mon	
5. [usiness addre sumed busine			r individuals do ded as follow:	ing
	Add:	Delete:		Name:			Address:	
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6. [TI	ne type of	business i	s amended to	read:			
		Retail Tra Wholesal Services	_	Manufactu Agriculture Constructi		•	tation and Pub Insurance, and	
7. [ne name a changed (s to which futu	ire corres	pondence	should be add	lressed
8. I	Name and address for this acknowledgment copy is:							
-	Law Offices of Scot M. Ludwig							
•	877	West Ma	in Stre	et, Suite	506			
-	Bois	se. Idal	no 8370	12	2	Se	cretary of State use	only
	<i>~</i>	/ A	21)	1967 V			

Printed Name: Heather Bail

Capacity: Owner/President

Maria Artista (1986)

(see instruction # 4 on back of form)

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