



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2013 MAY 13 PM 2:13

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name is: Abyss Towing
2. The assumed business name was filed with the Secretary of State's Office on 11-25-03 as file number D70935.
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 checked="" type="checkbox"/>	<u>CLAUDIA L. CRAW</u>	<u>P.O. Box 895 Meridian, Id. 83680</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>GARY W. CRAW</u>	<u>" " " "</u>
<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
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:

Gary & Claudia Crawl
3880 ONYX Street
Meridian, Id.
83642

Signature: Gary W. CrawlPrinted Name: GARY W CRAWCapacity: Owner

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 05/13/2013 05:00
 CK: 1288 CT: 174584 BH: 1373653
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D70935