

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

NAME ~~AMENDMENT~~ **EFFECTIVE**

03 MAY 27 PM 3:23

To the SECRETARY OF STATE, STATE OF IDAHO

SECRETARY OF STATE

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives ~~gives~~ ^{STATE OF IDAHO} Notice
of the action(s) indicated below:

1. The assumed business name is: Patient Care Services of Boise
2. The assumed business name was filed with the Secretary of State's Office on 12/28/01 as file number DS0721.
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:

11479 Chris Hunt
11479 Fairview Ave
Boise ID 83713

Secretary of State use only

Signature: Chris Hunt

Printed Name: Chris Hunt

Capacity: Owner

(see instruction # 9 on back of form)