

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.)

OCT 20 PM 12:27
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: Cox Business
2. The assumed business name was filed with the Secretary of State's Office on 01/11/08 as file number D118170
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>CoxCom, Inc. (C150693)</u>	<u>1400 Lake Hearn Drive N.E., Atlanta GA 30319</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CoxCom, LLC</u>	<u>1400 Lake Hearn Drive N.E., Atlanta GA 30319</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>(W 104836)</u>	_____

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:

Cox Enterprises, Inc. Attn: Legal Department

6205 Peachtree Dunwoody Road

Atlanta GA 30328 (678)645-0000

Signature: 

Printed Name: Shauna Sullivan Muhl

Capacity: Secretary

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/20/2011 05:00
CK: NONE CT: 1157 RH: 1295016
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D118170