

CANCELLATION OR AMENDMENT OF ~~FILED~~ EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME 8: 21

(Please type or print legibly)

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: Woodhouse and Lee Construction

2. The assumed business name was filed with the Secretary of State's Office on Jan 16 2007 as file number D107219.

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>Jason Lee</u>	<u>291 E. 7th S #908</u>
<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:

Jason Lee

145 S 2nd E

Rexburg, ID 83440

Signature: 

Printed Name: Jason Lee

Capacity: Partner

(see instruction # 9 on back of form)

Secretary of State use only

D107219

IDAHO SECRETARY OF STATE
01/15/2008 05:00
CK: 1003 CT: 221512 DH: 1094788
1 @ 10.00 = 10.00 ASSUM AMEN # 2

g:\copy\form\info\assumednameand.pmd
Revised 04/2003