

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.)

2014 AUG 11 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: DIRTY FEET DANCE COMPANY
2. The assumed business name was filed with the Secretary of State's Office on 03/26/2010 as file number D137998.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	PURE BODY PILATES, LLC <i>W51930</i>	PO BOX 1061, HAILEY ID 83333
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALYSHA B OCLASSEN	PO BOX 1061, HAILEY ID 83333
<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:

Pure Body Pilates LLC
P.O. Box 1061
Hailey ID 83333

Signature: *AM*

Printed Name: ALYSHA BETH OCLASSEN

Capacity: OWNER

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 08/12/2014 05:00

CK: 91805920 CT: 201265 BH: 1436918
 10 10.00 = 10.00 ASSUM AMEN #4

D137998