

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2009 MAR 19 PM 1:29

To the SECRETARY OF STATE, STATE OF IDAHO

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: GLASS ACT WINDOW CLEANING
2. The assumed business name was filed with the Secretary of State's Office on 2/14/2005 as file number D84518.
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>WILL MCDONALD</u> | <u>1770 S LINDER MERIDIAN ID 83642</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>BEAU SKINNER</u> | <u>123 FERN ST NAMPA ID 83686</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"/> 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:

123 FERN ST NAMPA ID 83686

8. Name and address for this acknowledgment copy is:

BEAU SKINNER123 FERN STNAMPA ID 83686Signature: Printed Name: BEAU SKINNERCapacity: OWNER

(see instruction # 9 on back of form)

Secretary of State use only

 C:\comp\forms\inform\assumedname\amend
 Revised 04/2003

 IDHO SECRETARY OF STATE
 03/19/2009 05:00
 CK: CASH CT: 150010 BH: 1162113
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 84518