CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 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: _____ 2. The assumed business name was filed with the Secretary of State's Office ۳٦ on _______ as file number ____ 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-Continuation. The persons who filed the certificate continue use of the about assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date). The assumed business name is amended to:_ The true names and business addresses of the entity or individuals doing

U	usiness u	nuel the assu	med business na	ame are	e amended as follow:	
Add:	Delete:	<u>1</u>	<u>Vame:</u>		Address:	
					····	
7. 🔲 T	he type of	f business is a	mended to read	:		
	Retail Tr Wholesa Services	ale Trade	Manufacturing Agriculture Construction	Fir	ransportation and Public Unance, Insurance, and Reining	
	he name a changed		o which future co	orrespor	ndence should be address	sed
9. Name	and addres	ss for this ackr	nowledgment cop	by is:		-

VAN Zweller

Boise, 15, 83716

Signature:

Printed Name:

Capacity: (see instruction # 10 on back of form)

mstabniormstamenda Revised 01/2001 Secretary of State use only