ELED EFFECTIVE



CANCELLATION OR AMENDMENT OF CERTIFICATE OF

CANCELLATION OR AN	IENDMENT
OF CERTIFICATE OF ASSUMED BUSINESS N	NAME TO SECRETARY DE STATE ST
1. The assumed business name is:	- 1917 AL UE EN
2. The assumed business name was filed with the Son 1/6-3-0-7 as file numberD 1068	ecretary of State's Office
3. Cancellation. The persons who filed the certification assumed business name and cancel the certification.	
4. The assumed business name is amended to:	
5. The true names and business addresses of the assumed business name are amended as follows:	ne entity or individuals doing business under the ows:
Add: Delete: (Name) (Address)	
Add: Delete: (Nóme) (Address)	
Add: Delete: (Name) (Address)	
6. The type of business is amended to: Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	 Transportation and Public Utilities Mining Finance, Insurance, and Real Estate
6877 W. Susan Lh. # 101	8. Name and address for this acknowledgment copy is: (Name) (Address) (State) (Zipcode)
Printed Name: Deborah J. Bridges Signature: Deborah Bridges Printed Name:	Secretary of State use only
Printed Name:	
Signature:	
Printed Name:	D106804
Signature:	

Rev. 08/2015