CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED

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.

99 JUN 22 AM 8: 45

gives notice	Of the action(s) maior		- 111 01 40
The assumed business name is: AMERIPET HOTEL &		T CENTER STATE OF TO THE	
2. The assumed business name was filed with the Secretary of State's Office on <u>January 24, 1997</u> as file number <u>D553</u> .			
name and	cancel the certificate	in it's entirety.	ger claim an interest in the above assumed
4. Continuat name for a	ion. The persons who another 5 years (may b	filed the certificate contin e filed up to 6 months pri	ue use of the above assumed business or to the lapse date).
5. X The true	names and business at	ddresses of the entity or in	ndividuals doing business under the
assumed business name are amended as follow:			
Add:	Add: Delete: Name:		Address:
	X JA	MES HARPER	2464 E. 24 N., Idaho Falls, ID 83401
	X GRE	TCHEN HARPER	2464 E. 24 N., Idaho Falls, ID 83401
X	HARPE	R ENTERPRISES, INC.	2464 E. 24 N., Idaho Falls, ID 83401
6. The type of business is amended to read:			
Reta	ail Trade	Manufacturing	Transportation and Public Utilities
	olesale Trade	Agriculture	Finance, Insurance and Real Estate
	/ices	Construction	Mining
7. X The name and address to which future correspondence should be addressed is changed to read:			
Harper Enterprises, Inc., 2464 E. 24 N., Idaho Falls, ID 83401			
5. Name and address for this acknowledgement copy is			
FIRST SECURITY BANK N.A.			Secretary of State Use Only
COMMERCIAL LOAN DOCUMENTATION CENTER Secretary of State Use Only			
P.O. BOX 8203			
BOISE, IDAHO 83707-2203			
	$/\gamma + ,$	171	IDAHO SECRETARY OF STATE
Signature:	(fullher)	1. Hayar	Ø6/22/1999 Ø9:00 CK: 1322 CT: 69707 BH: 227819
Printed Name: Gretchen P. Harper			1 8 18.86 = 18.89 ASSUM AMEN # 2
Capacity:	President		
	(see instruction #4 on other	sheet)	1) 555