## CANCELLATION, CONTINUATION, OR AMENDINES OF ASSUMED BUSINESS AND

(Please type or print	
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508,	Idaho Code, the undersigned gives negice
of the action(s) indicated below:  1. The assumed business name is:	NSTONE GROUP
2. The assumed business name was filed with on $\frac{9/16/98}{}$ as file number	the Secretary of State's Office
3. Cancellation. The persons who filed the above assumed business name are	ne certificate no longer claim an interest in and cancel the certificate in its entirety.
	he certificate continue use of the above years (may be filed up to 6 months prior to
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
ПП	
6. The type of business is amended to re	ead:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	e correspondence should be addressed
Name and address for this acknowledgment	t copy is:
MICHELLE Y. WILLIAMS	
2255 SCYENE WAY	
BOISE, 1D 83712	Secretary of State use only
•	7672
Signature: Wille / Williams	Revision 2/9
Signature: MICHELLE Y. WILLIAMS	<b>FILED</b>
Capacity: OUNER	abnohak
(see instruction # 4 on back of form)	FILED