

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

OCT -3 PM 1:50  
SECRETARY OF STATE  
STATE OF IDAHO

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: MACKAY HOMESTAY BCO & BREAKFAST

2. The assumed business name was filed with the Secretary of State's Office on 8/5/2009 as file number D132670.

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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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:

537 MANORBROOK DRIVE, CHAGRIN FALLS OH 44022

8. Name and address for this acknowledgment copy is:

LARA HARVEY  
537 Manorbrook Dr Chagrin Falls OH 44022

Signature: [Signature]

Printed Name: Lara Harvey

Capacity: member/owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

D132670