

**CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly.)

2007 APR 27 AM 10:

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: Brothers Lawn Care
2. The assumed business name was filed with the Secretary of State's Office on _____ as file number _____.
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:

Add: Delete:

Name:

Address:

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Dustin Campbell</u> | <u>1519 15th Ave Lewiston, ID 83501</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Campbell Enterprises III</u> | <u>1519 15th Ave Lewiston, ID 83501</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>BROTHERS LLC.</u> | |

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:

8. Name and address for this acknowledgment copy is:

Dustin Campbell
1519 15th Ave
Lewiston, ID 83501

Signature: Went Cord

Printed Name: Dustin Campbell

Capacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/27/2007 05:00
CK: 4344 CT: 212743 BH: 1050269
1 10.00 = 10.00 ASSUM AMEN # 3

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