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## CANCELLATION OR AMENDMENT OF FEFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are in	cluded on the back of the application() $^{7}$ $^{20}$ PM $^{3}$ : $_{30}$
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, id of the action(s) Indicated below:	HO STATE OF TO A LIGHT CONTROL OF THE LIGHT CONTROL
1. The assumed business name is:	Consulting
2. The assumed business name was filed with on <u>05 Oct 1998</u> as file number <u>01</u>	the Secretary of State's Office
3. X Cancellation. The persons who filed the the above assumed business name and	
4. The assumed business name is amende	ed to:
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
0 0	
6. The type of business is amended to re-	ad:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	correspondence should be addressed
8. Name and address for this acknowledgment of 373 Springwood Cn  Idaho Falls, Id 83404	copy is:
rinted Name: Leun Holyoak	Secretary of State use only
Capacity:	D18795
Printed Name:	
Capacity:	:

stan amend.omd Rev.072010