CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 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: STATE OF MARION
1. The assumed business name is: MACKAY LIVESTOCK PHARMACY AND SUPPLIES
2. The assumed business name was filed with the Secretary of State's Office on as file number D 4600
3. XX 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. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
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:
6. The type of business is amended to read:
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction 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:
Don and Leslie MacKay
4499 East 150 North
Rigby, ID 83442 Secretary of State use only IDAHO SECRETARY OF STATE
Signature: A May CX: 29694 BH: 77868

1 0 28.00 = 20.00 ASSUM HAME

Printed Name: Don MacKay

Capacity: President

(see instruction # 4 on back of form)