## CANCELLATION OR AMENDMENTION EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.)

| To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-507 and 53-50  | IDAHO<br>8, Idaho Code, the undersigned gives hotice STA                                      |
|---|---|
| of the action(s) indicated below:  1. The assumed business name is:       | for Works   |
| 2. The assumed business name was filed work on 1/2//2004 as file number0. | ith the Secretary of State's Office   |
| 3. Cancellation. The persons who filed the above assumed business name a  | the certificate no longer claim an interest in and cancel the certificate in its entirety.    |
| 4. The assumed business name is ame                                       |   |
| 5. X The true names and business addre business under the assumed busine  | sses of the entity or individuals doing ss name are amended as follow:                        |
| change   Delete: Name:  | Address:<br>120 ThAVE WBULLED P3314   |
| Address   |   |
| 6. The type of business is amended to r                                   |   |
| Retail Trade  | ring Transportation and Public Utilities Finance, Insurance, and Real Estate                  |
| is changed to read:   | re correspondence should be addressed  12th Ave W Buh I Id 8336                               |
| 8. Name and address for this acknowledgment                               | · · · · · · · · · · · · · · · · · · ·   |
| Signature:  | Secretary of State use only   |
| Printed Name: Shannon Eggleston   |   |
| Capacity: ouaco   | IDAHO SECRETARY OF STATE  |
| Signature:  | 104HU SECRETARY OF STATE  ON 1466294 CT: 172099 BH: 1380874  1 8 10.00 = 18.00 ASSUM AMEN # 4 |
| Printed Name:<br>Capacity:  | ) mich # 4  |
|   | D72315  |