

FILED EFFECTIVE

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:

1. The assumed business name is: Whitehorse Technologies
2. The assumed business name was filed with the Secretary of State's Office on 28-DEC-2000 as file number D41436
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. ☐ 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 assumed business name is amended to: _____
6. ☐ 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"/> | _____ | _____ |
7. ☐ 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 |
8. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

9. Name and address for this acknowledgment copy is:

Bruce Kissinger4386 Cochees WayBoise, ID 83709Signature: Bruce KissingerPrinted Name: Bruce KissingerCapacity: President

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\abn\formslamendabn.pm6
Revised 01/200102 JUL 26 AM 11:45
STATE OF IDAHO
SECRETARY OF STATE