CANCELLATION OR AMENDMENT OF 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 IDA Pursuant to Section 53-507 and 53-508, lo of the action(s) indicated below:	
1. The assumed business name is: Pearl Theater	r Cafe
The assumed business name was filed with to on Sept. 22, 2011 as file number.	the Secretary of State's Office
3. Cancellation. The persons who filed the the above assumed business name and	e certificate no longer claim an interest in cancel the certificate in its entirety.
4. The assumed business name is amende	ed to:
5. The true names and business addresse business under the assumed business	
Add: Delete: Name:	Address:
O O	
6. The type of business is amended to real Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
7. The name and address to which future is changed to read:	correspondence should be addressed
Name and address for this acknowledgment of Rhonda Hamerslough	copy is:
558 French Point Dr.	
Bonners Ferry, ID 83805	Secretary of State use only
Signature: Monda	-
Printed Name: Rhonda Hamerslough	
Capacity: Owner	
Signature:	
Printed Name:	D 150324
Capacity:	