Printed Name: _____

(see instruction # 9 on back of form)

Capacity:_

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

| (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: CLEARWATER POND CARE AND LANDSCAPE 1. The assumed business name is: CLEARWATER POND CARE AND LANDSCAPE |
| 2. The assumed business name was filed with the Secretary of State's Office |
| on 07/01/2003 as file number 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. The assumed business name is amended to: |
| 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: |
| D D No I mage |
| Tous de l' |
| |
| 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: |
| 19471 N MIDLAND BLVD Secretary of State use only |
| CALDWELL ID 83605 |
| Signature: |
| Signature: |