

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

APR 25 10 18 AM '01

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: T & L Enterprises
2. The assumed business name was filed with the Secretary of State's Office on 5/31/1999 as file number D24586.
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: SAME
6. ☐ 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:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Lana Sodd</u>	<u>958 W AVALON</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ The type of business is amended to read:

<input checked="" 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:

T & L Enterprises 958 W AVALON
958 W AVALON KUNA ID 83634
KUNA ID 83634

9. Name and address for this acknowledgment copy is:

Signature: Troy SoddPrinted Name: Troy ToddCapacity: Troy Sodd

(see instruction # 10 on back of form)

g:\corp\forms\lab\forms\amendabn.pmf Revised 01/2001

Secretary of State use only
IDAHO SECRETARY OF STATE04/20/2001 09:00
CK: 1609 CT: 145339 BH: 392501

1 @ 10.00 = 10.00 ASSUM AMEN # 2