## CANCELLATION OR AMENDMENTIQUE 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 ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	AHO Idaho Code, the undersigned of the and the start of STAT
The assumed business name is:	NUTRIMAX
2. The assumed business name was filed with on 1-6-11 as file number 19	the Secretary of State's Office
<ol> <li>Cancellation. The persons who filed the above assumed business name an</li> </ol>	e certificate no longer claim an interest in d cancel the certificate in its entirety.
4. The assumed business name is amend	led to:
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
□ X Kianet Rosti	
	· <u> </u>
6. The type of business is amended to re	ead:
Retail Trade Manufacturii Wholesale Trade Agriculture Services Construction	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
7. X The name and address to which future is changed to read:  219 N. 11th ave	e correspondence should be addressed
8. Name and address for this acknowledgment	<b>1</b>
Same 13 7	
	Constant of State upo only
Signature:	Secretary of State use only
Printed Name: Mavic Valdez	
Capacity: () week	·
Signature:	IDAHO SECRETARY OF STATE  03/21/2012 05:00
Printed Name:	CK: 938285 CT: 172099 BH: 1316177 1 0 10.00 = 10.00 ASSUM AMEN # 2
Capacity:	1148767

abn\_amend.pmd Rev.07/2010