

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:

FILED/EFFECTIVE

02 MAR - 11 09:16

STATE

SECRETARY OF IDAHO

1. The assumed business name is: Cottonwood Lane Wood Products
2. The assumed business name was filed with the Secretary of State's Office on 3/17/1997 as file number D-2300.
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:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Elaine Funch</u>	<u>PO Box 858 Challis ID 83226</u>
<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:

PO Box 858
Challis ID 83226

Secretary of State use only

Signature: Gary R. Funch
Printed Name: Gary R. Funch
Capacity: owner

(see instruction # 10 on back of form)

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

IDAHO SECRETARY OF STATE
03/04/2002 05:00
CK: 1854 CT: 158010 BH: 449721
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D2300