| CANCELLATION, CONTINUAT | |
|---|--|
| CERTIFICATE OF ASSUM (Please type or print II To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below: 1. The assumed business name is: THE | ogibly) AHO 98 MAY 29 AM 8: 59 Idaho Code, the undersigned AMEs notice SECRETAR OF IDAHO |
| 2. The assumed business name was filed with the Secretary of State's Office on | |
| 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 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: |
| | |
| | |
| 6. The type of business is amended to m | ead: |
| ☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction | Finance, Insurance, and Real Estate |
| 7. The name and address to which future is changed to read: | e correspondence should be addressed |
| 8. Name and address for this acknowledgment copy is: | |
| 1610 IRENE | , : |
| BOISE, FR. 83702 | Secretary of State use only |
| Signature: <u>Arlene Ofeany</u> | Ravision 242 |
| Printed Name: ARLENE O'KEARY | Service |
| Capacity: BUNER | Piformana parochaga paroch |
| (see instruction # 4 on back of form) | 1000 ji |