

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:

Jun 19 4 22 PM '97
SECRETARY OF STATE
STATE OF IDAHO

- The assumed business name is: Dent Therapy
- The assumed business name was filed with the Secretary of State's Office on 5-29-97 as file number D 4971
- 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.
- 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).
- 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>Joel Thomas</u>	<u>5319 Sika Dr, Boise ID 83705</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Laura Lynelle Wisdom</u>	<u>340 Provident Dr. Boise, ID 83706</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- 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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

- The name and address to which future correspondence should be addressed is changed to read:

Dent Therapy 340 Provident Dr. Boise ID 83706

- Name and address for this acknowledgment copy is:

Laura Lynelle Wisdom
340 Provident Dr.
Boise, ID 83706

Signature: Laura Lynelle Wisdom
Printed Name: Laura Lynelle Wisdom
Capacity: President

(see instruction # 4 on back of form)

g:\scpt\forms\abnchag.pmf Revision 2/97

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 06/19/1997
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CK #: CASH CUST# 83213
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