Capacity:

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAMED 10 AM 8: 15 (Please type or print legibly. Instructions are included on the back of the application.) SECRETARY OF STATE STATE OF IDAHO 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: Fairview Dental Associates 1. The assumed business name is: ___ 2. The assumed business name was filed with the Secretary of State's Office on <u>FL 2/ 2006</u> as file number <u>096802</u> 3. X 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. The assumed business name is amended to: ___ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow: Address: Name: Add: Delete: П The type of business is amended to read: Transportation and Public Utilities Manufacturing ___ Retail Trade Finance, Insurance, and Real Estate Wholesale Trade | Agriculture Construction Mining Services The name and address to which future correspondence should be addressed 7. X is changed to read: Vocate ilu DO 716 Yellowstan 83201 8. Name and address for this acknowledgment copy is: Travis Boyn 2110 Dougles Pacatello 8२२०१ Secretary of State use only Signature: Printed Name: Travis Boyer Capacity: oww Signature:_____ Printed Name: ______

D96802