FILED/EF CANCELLATION, CONTINUATION, OR AMENDME CERTIFICATE OF ASSUMED BUSINESS N'AND (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 of the action(s) indicated below: 1. The assumed business name is: Idaho Falls Plastic Surgery 2. The assumed business name was filed with the Secretary of State's Office on ______5/22/00 as file number ______D35994 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 assumed business name is amended to: <u>Idaho Falls Plastic Surgery</u> and Hand Center 5. The true names and business addresses of the entity or individuals doing 6. | | business under the assumed business name are amended as follow: Name: Address: Add: Delete: The type of business is amended to read: Transportation and Public Utilities Retail Trade Manufacturing Agriculture Finance, Insurance, and Real Estate Wholesale Trade Construction Mining Services The name and address to which future correspondence should be addressed is changed to read: 9. Name and address for this acknowledgment copy is: Jarin O. Hammer 2105 Coronado Street Secretary of State use only corpkform skabnchag, pM6 Revision 2199 Idaho Falls, ID 83404 IDAHO SECRETARY OF STATE 04/23/2001 09:00

CK: 6750 CT: 1681 BH: 392639

1 9 18.88 = 18.88 ASSUM AMEN # 2

Signature

Printed Name: Tim Thurman

Capacity: President

(see instruction # 4 on back of form)