CANCELLATION OR AMENDINE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.)

| | CITY NAME OF THE OWNER OWNE |
|--|--|
| To the SECRETARY OF STATE, STATE OF ID: Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below: | daho Code, the undersigned gives notice |
| The assumed business name is: <u>SCOTT'S SE</u> | ERVICE CENTER |
| 2. The assumed business name was filed with on 2-01-01 as file number 5423 | • |
| 3. Cancellation. The persons who filed the the above assumed business name and | e certificate no longer claim an interest in discancel the certificate in its entirety. |
| 4. The assumed business name is amende | ed to: |
| 5. The true names and business address business under the assumed business | · · · · · · · · · · · · · · · · · · · |
| Add: Delete: Name: | Address: |
| SCOTT BENDA | 723 E KNOLL DRIVE EAGLE ID 83616 |
| | |
| | |
| | |
| 6. The type of business is amended to read: | |
| Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction | Finance, Insurance, and Real Estate |
| 7. The name and address to which future is changed to read: SCOTTS SERVICE CENTER 725 W FLOATIF | |
| Name and address for this acknowledgment of SUSAN BENDA | |
| 725 WEST FLOATING FEATHER ROAD | |
| EAGLE ID 83616 | Secretary of State use only |
| Signature Susan Sen da | seciality of state tisk office |
| Printed Name: SUSAN BENDA | |
| Capacity:OWNER | |
| Signature: | |
| Printed Name: | IDAHO SECRETARY OF STATE 02/10/2011 05:00 |
| Capacity: | CK: 3387 CT: 158016 BH: 1259479 1 0 10.00 = 10.00 ASSUM AMEN 1 |

abri_amend.pmd Rev. 07/2010