

FILED EFFECTIVE



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

2015 MAY 21 AM 8:36
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Long Arm Mechanics
2. The assumed business name was filed with the Secretary of State's Office on 1/14/2011 as file number D144580.
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. ☐ The assumed business name is amended to: _____
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:
<input type="checkbox"/>	<input type="checkbox"/>	<u>Levon Arnold</u>	<u>- 3585 N. Maple Grove Rd. Boise ID 83704</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

address
updates
only

6. ☐ 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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☒ The name and address to which future correspondence should be addressed is changed to read:

Levon Arnold-Long Arm Mechanics 3585 N. Maple Grove Rd
Boise, ID 83704

8. Name and address for this acknowledgment copy is:

3585 N. Maple Grove Rd
Boise, ID 83704

Signature: _____

Printed Name: Levon Arnold

Capacity: S.P. Owner

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/21/2015 05:00

CK: 783734 CT: 15971 BH: 1476497
1@ 10.00 = 10.00 ASSUM AMEN #2

D 144580