CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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:	
The assumed business name is: The Chemical Educator	<u> </u>
2. The assumed business name was filed with the Secretary of State's Office on as file number D55831	
3. Cancellation. The persons who filed the certificate no longer claim an interest to the above assumed business name and cancel the certificate in its entirety.	
4. Continuation. The persons who filed the certificate continue use of the above sassumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).	
5. The assumed business name is amended to:	
6. 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:
7. The type of business is amended to read:	
	tation and Public Utilities Insurance, and Real Estate
8. The name and address to which future correspondence is changed to read:	should be addressed
Name and address for this acknowledgment copy is: Cliford LeMaster, c/o Chemistry Department	
Boise State University, 1910 University Drive,	
Boise, Idaho 83725 Printed Name: Clifford LeMaster Capacity: (see instruction # 10 on back of form)	ecretary of State use only
Signature:	
Printed Name: Clifford LeMaster Printed Name:	
Capacity:	
(see instruction # 10 on back of form)	