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CANCELLATION OR AMENDMEN FILED EFFECTIVE OF CERTIFICATE OF ASSUMED BUSINESS NAME 2015 JUL 22 PM 4: 40

		,	7 <i>-</i>	
1. The assumed business n	name is: <u> </u>	112 (OST STATE DE IDA	10
2. The assumed business non 2/19/2013 as fi			f State's Office	
3. Cancellation. The peassumed business no	ersons who filed the cel ame and cancel the cel	rtificate no lo rtificate in its	inger claim an interes entirety.	t in the above
4. The assumed busine	ss name is amended to	o:		
	business addresses of ame are amended as f	-	individuals doing bu	siness under the
Add: Delete: (Name)	(Address)		(City, State, Zipcode)
Add: Delete: (Name)	(Addre	ss)		City, State, Zipcode)
Add: Delete: (Name)	(Addres	,		City, State, Zipcode)
7. Amend mailing addrecorrespondence to: (City)	Manufacturing Agriculture Construction	8. Name copy if Filber (Name) 411 Ga (Address)	nce, Insurance, and I and address for this s: t Miranda rland St	Real Estate
Printed Name: Filibert			Secretary of State u	se only
Signature <u>: Flibento Al</u>				
Printed Name:		1) 11 1005		
Printed Name:			7	
Signature:				
	Rev. 07/2015			