



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2015 JUL 31 AM 8:57

 SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Holistic Health & Wellness
2. The assumed business name was filed with the Secretary of State's Office on 7-25-13 as file number D164787.
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: Luminaire
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add: ☐ Delete: ☐ _____
(Name) (Address) (City, State, Zipcode)

Add: ☐ Delete: ☐ _____
(Name) (Address) (City, State, Zipcode)

Add: ☐ Delete: ☐ _____
(Name) (Address) (City, State, Zipcode)

6. ☒ The type of business is amended to:

- | | | |
|--|--|--|
| <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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

7. ☒ Amend mailing address for future correspondence to:

PO BOX 2115
(Name)
McCall 83638
(Address)

(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Renee Silva

Signature: Renee Silva

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/31/2015 05:00

CK:305 CT:285856 BH:1486134

1@ 10.00 = 10.00 ASSUM AMEN #2

D164787