

228



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVEClick **HERE** to clear form.SECRETARY OF STATE
STATE OF IDAHO

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

- The assumed business name is: WebSideOut
- The assumed business name was filed with the Secretary of State's Office on 2-7-11 as file number D145149
- ☐ 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.
- ☐ The assumed business name is amended to: _____
- ☒ 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 checked="" type="checkbox"/> | <u>Travis Crozier</u> | <u>625 Cedar Ave. Lewiston</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Larry Crozier</u> | <u>1120 Warner Ave. Lewiston</u> <u>ID 83501</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
- ☐ 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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |
- ☒ The name and address to which future correspondence should be addressed is changed to read:
Larry Crozier 1120 Warner Ave Lewiston, ID 83501
- Name and address for this acknowledgment copy is:
Larry Crozier
1120 Warner Ave
Lewiston, ID 83501

Secretary of State use only

Signature: _____
 Printed Name: Travis Crozier
 Capacity: _____
 Signature: [Signature]
 Printed Name: _____
 Capacity: _____

sbs_amend.pmd Rev. 07/2010

 IDAHO SECRETARY OF STATE
 01/09/2014 05:00
 CK: 1666268 CT: 172099 BH: 1405240
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D145149