

CANCELLATION OR AMENDMENT FILED EFFECTIVE OF CERTIFICATE OF

2014 AFR 21 PH 4:58

(Please type or print legibly. Instructions are included on the back of the application.)	
1. The assumed business name is: Chochet Gift SolutionS	
2. The assumed business name was filed with the Secretary of State's Office on 12 3113 as file number 101839	
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 amend	ed 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:
	7-76-48
6. The type of business is amended to read:	
Retail Trade	
7. The name and address to which future correspondence should be addressed is changed to read:	
8. Name and address for this acknowledgment of Solutions P.O. Box 140411 Gorden City, ID 83714	copy is:
Signature: MANAM N. ASMANA	Secretary of State use only
Printed Name: Shannon W. Fronardt	•
Capacity: Owner	
Signature:	
Printed Name:	
Capacity	