



CANCELLATION OR AMENDMENT **FILED EFFECTIVE** OF CERTIFICATE OF ASSUMED BUSINESS NAME

2014 DEC 11 PM 2:14

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: DEEP RELEASE MASSAGE THERAPY
2. The assumed business name was filed with the Secretary of State's Office on 08/01/2012 as file number D157229
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: _____
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:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	RONNETT CROWLEY	193 HILLCREST ROAD BURLEY ID 83318
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RONY REYNOLDS	705 H STREET RUPERT ID 83350-1615
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. ☐ 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 type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☒ The name and address to which future correspondence should be addressed is changed to read:
RONY REYNOLDS 705 H STREET RUPERT ID 83350-1615

8. Name and address for this acknowledgment copy is:

Rony Reynolds
705 H St
Rupert ID 83350

Signature: Rony ReynoldsPrinted Name: RONY REYNOLDSCapacity: OWNER

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2014 05:00

CK:5154 CT:158010 BH:1452671
10 10.00 = 10.00 ASSUM AMEN #2

D157229