

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2005 JUN 13 11:20:20

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: SAFAX FITNESS TRAINING
2. The assumed business name was filed with the Secretary of State's Office on 12/28/1998 as file number D21369.
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"/> | <u>KAYLAN MCKINNEY</u>                | <u>1691 BETH ST POCATELLO ID 83201</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>INACCORD SAFETY &amp; HEALTH L</u> | <u>609 W MAPLE POCATELLO ID 83201</u>  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <u>W312471</u>                        | _____                                  |

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

7. ☒ The name and address to which future correspondence should be addressed is changed to read:

Brandi Clark 609 W Maple Pocatello ID 83204

8. Name and address for this acknowledgment copy is:

BRANDI CLARK

609 W MAPLE

POCATELLO ID 83201

Signature: Brandi Clark

Printed Name: BRANDI CLARK

Capacity: OWNER Manager

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
06/13/2005 05:00  
CK: 107 CT: 150010 BH: 015712  
1 @ 10.00 = 10.00 ASSUM AMEN # 2