



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

2014 DEC 15 PM 4:03

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name is: COUNTRY FLOUR
2. The assumed business name was filed with the Secretary of State's Office on 9-13-10 as file number D142093.
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: COUNTRY FLOUR BAKERY
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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:
P.O. BOX 140572, GARDEN CITY, ID 83714

8. Name and address for this acknowledgment copy is:

JENIFER MANTP.O. BOX 140572GARDEN CITY, ID 83714

Signature: _____

Printed Name: JENIFER MANTCapacity: MANAGER

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/15/2014 05:00

CK: CASH CT: 251000 BH: 1453095

1@ 10.00 = 10.00 ASSUM AMEN #2

D142093