CANCELLATION OR AMENDMENT OFFILED EFFECTOR CERTIFICATE OF ASSUMED BUSINESS ANAMEM 8:38

(Please type or print legib	ly)
To the SECRETARY OF STATE, STATE OF IDAH Pursuant to Section 53-507 and 53-508, Idal of the action(s) indicated below:	O STATE STATE OF STATE OF COME, the undersigned glassifice
1. The assumed business name is: DAVE'S INSTAL	LATION
The assumed business name was filed with the on	e Secretary of State's Office
3. Cancellation. The persons who filed the countries the above assumed business name and countries.	
4. The assumed business name is amended	to:
5. The true names and business addresses business under the assumed business na	
Add: Delete: Name:	Address:
DAVID SEVERENCE	960 SANTA LANE, EMMETT, ID 83617
Dave's Hardwood Flooring LLC	960 SANTA LANE, EMMETT, ID 83617
6. The type of business is amended to read	•
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	 ☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
7. The name and address to which future of	orrespondence should be addressed
is changed to read:	*
8. Name and address for this acknowledgment cop	y is:
	and the second s
	Secretary of State use only
ignature: DAVID SEVERENCE	
rinted Name: DAVID SEVERENCE	IDAHO SECRETARY OF STATE
OWNER/MEMBER	2 04/07/2010 05:06 CK: 6137 CT: 107227 3M: 121658
apacity: OWNER/MEMBER	1 0 10.00 = 10.00 ASSUM AMEN

(see instruction # 9 on back of form)