CANCELLATION OR AMENDMENT OF LED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE O	2007 AUG - 1 PM 1: 25
Pursuant to Section 53-507 and 53-	508, Idaho Code, the undersigned gives notice
of the action(s) indicated below:	STATE OF BAHO
1. The assumed business name is:	11/9 019. COM
2. The assumed business name was filed on 290 as file number	with the Secretary of State's Office
3. Cancellation. The persons who fil	led the certificate no longer claim an interest in ne and cancel the certificate in its entirety.
4. The assumed business name is an	mended to:
	dresses of the entity or individuals doing siness name are amended as follow:
Add: Delete: Name:	Address:
6 The type of business is amended	to read:
• • — — — — — — — — — — — — — — — — — —	
☐ Retail Trade ☐ Manufa☐ Wholesale Trade ☐ Agricult☐ Services ☐ Constru	ture
7. The name and address to which is changed to read:	future correspondence should be addressed
8. Name and address for this acknowledge	ment copy is:
Surphen O Newton	
2971 5 2011 Pl	<u></u>
Doise, Id 83706	Secretary of State use only
Signature: AUX	corpitoms/abritoms/abramend.pmd Revised 04/2003
Printed Name: SAMIN Dewiton	abriformslabren Rewised 04/2003
Capacity: 0 WW	apyforms.
(eas instruction # 0 on back of form)	الإ ا