



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2014 JAN -7 PM 2:18

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: TRUE STORY MEDIA
2. The assumed business name was filed with the Secretary of State's Office on 8-26-2011 as file number D149743.
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>ANDREW LAWLESS</u>	<u>PO BOX 116 BOISE ID 83701</u>
<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: _____

8. Name and address for this acknowledgment copy is:

KAREN ZAKPO BOX 116BOISE ID 83701Signature: *Karen Zak*Printed Name: KAREN ZAKCapacity: OWNER

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 01/07/2014 05:00
 CK: NO CK # CT: 291441 BH: 1484053
 1 @ 10.00 = 10.00 ASSUM AMEN # 3

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