CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS, NAME

(Please type or print legibly)	SECON- 16 AM 8: 22
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-507 and 53-508, Idaho of the action(s) indicated below:	CTETARY OF OTHE
1. The assumed business name is: Furniture Now	
The assumed business name was filed with the son	
3. Cancellation. The persons who filed the cer the above assumed business name and car	———————————————————————————————————————
4. The assumed business name is amended to	×
5. The true names and business addresses or business under the assumed business names.	
Add: Delete: Name:	Address:
	<u> </u>
6. The type of business is amended to read:	7-
= =	 Transportation and Public Utilities Finance, Insurance, and Real Estat
Services Construction	Mining
7. The name and address to which future con	respondence should be addressed
is changed to read:	
8. Name and address for this acknowledgment copy	is:
Wilson Bales	
1710 Kimberly Rd	e de la composition
	Socuelary of State use only
Twin Falls ID 83301	- Angle Angle - Angle
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(see Instruction # 9 on back of form)	