

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: MINI-CASSIA KIRBY
2. The assumed business name was filed with the Secretary of State's Office on 06/18/2004 as file number D 77393.
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: MAGIC VALLEY KIRBY
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:  

Add:	Delete:	Name:	Address:
<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"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
7. ☒ The name and address to which future correspondence should be addressed is changed to read:  
MAGIC VALLEY KIRBY 2487 KIMBERLY ROAD SUITE A TWIN FALLS ID 83301

8. Name and address for this acknowledgment copy is:

DL EVANS BANK ATTN: ALISSA

PO BOX 87

TWIN FALLS ID 83303

Signature: Marguerite Irigoyen

Printed Name: MARGUERITE IRIGOYEN

Capacity: OWNER

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
**03/03/2006 05:00**  
 CK: 9857754 CT: 24085 BH: 941011  
 1 @ 10.00 = 10.00 ASSUM AMEN # 2