Capacity:_

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	AHO SECALIARY OF STATE Idaho Code, the undersigned dives hotice
1. The assumed business name is: Bad	Habits
2. The assumed business name was filed with on May 24, 2013 as file number DIGS	
~	e certificate no longer claim an interest in
4. The assumed business name is amend	led to: B ApperL
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
1 D. Manrick	1203 N. Wild Wood St.
	Boise ID. 83713 Apt#
	ાંબ્ધ
6. The type of business is amended to re	ead.
Retail Trade	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read: 1203 N. Wildwood 8+ B	oise Tb, 83713 Ap+ #104
8. Name and address for this acknowledgment of Same as \$\frac{\psi}{5}\$	•
21.6	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: 16. Hamrick	04/29/2014 05:00 CK:CASH CT:158010 BH:1422400
Capacity: //wher	16 10.00 = 10.00 ASSUM AMEN #2
Signature:	D163414
Printed Name:	1 110/24/14

D163414