

CANCELLATION, CONTINUATION, 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:

2003 JUN 13 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: NU U THERAPEUTIC MASSAGE
2. The assumed business name was filed with the Secretary of State's Office on 2-14-03 as file number D29389
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. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: _____
6. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PETER R VANDEROORD</u>	<u>3038 ECHO RD, NYSSA, OR 97915</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PEGGY VANDEROORD</u>	<u>3038 ECHO RD, NYSSA, OR 97913</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ 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
8. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

9. Name and address for this acknowledgment copy is: _____

NU U THERAPEUTIC MASSAGE1710 N WHITLEY, STE CFRUITLAND, ID 83619

Secretary of State use only

Signature: Peggy Vander OordPrinted Name: PEGGY VANDEROORDCapacity: PROPRIETOR

(see instruction # 10 on back of form)

 IDAHO SECRETARY OF STATE
 6/16/2003 05:00
 CK: 582 CT: 150010 DN: 686121
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

 IDAHO SECRETARY OF STATE
 06/16/2003 05:00
 CK: 582 CT: 150010 DN: 686121
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D29389

 FILED/EFFECTIVE
 2003 JUN 16 AM 10:45
 STATE OF IDAHO