	FILED
28	
CANCELLATION OR A	
CERTIFICATE OF ASSUME (Please type or print legi	
To the SECRETARY OF STATE, STATE OF IDAI Pursuant to Section 53-507 and 53-508, Id of the action(s) indicated below:	aho Code, the undersigned gives notice
1. The assumed business name is: $D \subset E$	
2. The assure siness name was filed with the on as file number	he Secretary of State's Office
3. Cancellation. The persons who filed the the above assumed business name and	certificate no longer claim an interest in cancel the certificate in its entirety.
4. The assumed business name is amende	d to:
5. The true names and business addresse business under the assumed business	es of the entity or individuals doing name are amended as follow:
Add: Delete: <u>Name:</u>	Address:
 6. The type of business is amended to rea Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction 7. The name and address to which future is changed to read: 	g Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
8. Name and address for this acknowledgment of	opvis:
<u>ZOIZ N. BRISON Ra</u> Rose II REJIZ	
NOIN 24 ONIN	Secretary of State use only
Signature: Dev B. Correg Printed Name: Dev B. Correg Capacity: Dev Der (see instruction # 9 on back of form)	gitooptiformstabnamend pmd Revised 04/2003