

# 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:

1. The assumed business name is: The Business Scribe
2. The assumed business name was filed with the Secretary of State's Office on \_\_\_\_\_ as file number \_\_\_\_\_.
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 follow:  

| <u>Add:</u>              | <u>Delete:</u>           | <u>Name:</u> | <u>Address:</u> |
|--------------------------|--------------------------|--------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____           |
| <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:

Dianna Wiebe  
P.O. Box 652  
Loy, Id 83871

Signature: Dianna Wiebe

Printed Name: Dianna Wiebe

Capacity: Owner

(see instruction # 4 on back of form)

Secretary of State use only

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