

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECTIVE

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: Middleton Collision & Refinishing2. The assumed business name was filed with the Secretary of State's Office on 10-7-02 as file number D 588623.3. ☐ 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:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>David D Decker</u>	<u>873 Ferrington, Eagle ID 83646</u>
<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:Middleton Collision & Refinishing 117. E. Main st9. ☒ Name and address for this acknowledgment copy is:
Justin Soppa
875 Valley St.
Middleton, ID 83644
Middleton ID
83644

Signature: _____

Printed Name: Justin Soppa

Capacity: _____

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\abn\forms\amendabn.pmf
Revised 07/2002
 IDAHO SECRETARY OF STATE
 03/06/2003 05:00
 CK: CASH CT: 158010 BH: 666009
 1 @ 10.00 = 10.00 ASSUM AMEN # 2