Capacity: Owner

Printed Name: \_\_\_\_\_

Capacity:

Signature:\_\_\_\_

## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS TAKE

	(Please type or print legibly. Instructions ar	e included on the back of the application.)	
To the S P of	SECRETARY OF STATE STATE OF I		
1. The	assumed business name is: Wright So	ents Distributing	
2. The	e assumed business name was filed wi 01 October 2004 as file number D80586	th the Secretary of State's Office	
3. 🗸	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.	The assumed business name is amer	nded to:	
5.	5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:		
_	dd: Delete: Name:	Address:	
6.	The type of business is amended to	read:	
	☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☐ Agriculture ☐ Construction	Finance, Insurance, and Real Estate	
7.	The name and address to which future is changed to read:	ire correspondence should be addressed	
	me and address for this acknowledgmer ela J. Wright	nt copy is:	
4631	1 Lady Hawk Ln.		
Amn	mon, ID 83406	Secretary of State use only	
Signature:_	Angela J. Wright	Secretary Or State use Only	
_	me: Angela . Wright		

obn amend.omd Rev. 07/201