



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

2014 DEC -9 PM 12:42

(Please type or print legibly. Instructions are included on the back of the application.)

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: A1 CAB CO
2. The assumed business name was filed with the Secretary of State's Office on 05/07/2008 as file number D121620
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 amended to: 123 Taxi
5. ☐ 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"/>	_____	_____

6. ☐ 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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☐ The name and address to which future correspondence should be addressed is changed to read:

8. Name and address for this acknowledgment copy is:

DONALD CLAYTON PORTER  
1218 SSKINGA PL  
NAMPA ID 83686

Signature: Donald Porter

Printed Name: Donald Porter

Capacity: OWNER

Signature: \_\_\_\_\_

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

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

12/09/2014 05:00

CK: CASH CT: 158010 BH: 1452334  
 1@ 10.00 = 10.00 ASSUM AMEN #2

D 121620