

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED EFFECTIVE**

2005 JUL 15 1 05

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: BodyWorks
2. The assumed business name was filed with the Secretary of State's Office  
on 10 June 2005 as file number D88667
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: The Healing Pad
5. ☐ 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 type="checkbox"/> | _____ | _____    |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____    |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____    |
6. ☒ The type of business is amended to read:

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |
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:

The Healing Pad

Maria M. Funk

521 College Street Idaho Falls, Id. 83401

Secretary of State use only

Signature: Maria M. Funk

Printed Name: Maria M. Funk

Capacity: Owner

(see instruction # 9 on back of form)

9 copy to submit to state and amend pmd  
Revised 04/2003

IDAHO SECRETARY OF STATE  
07/15/2005 05:00  
CK: 218 CT: 189529 DH: 821435  
1 @ 10.00 = 10.00 ASSUM AMEN # 2