## CANCELLATION OR AMENDMENT OF

| CERTIFICATE OF ASSUMED BUSINESS NAME  (Please type or print legibly)  CLED FEEFCTIVE   |  |
|--|--|
| Ö ZA   | FILED EFFECTIVE  |
| To the SEGRETARY 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: ASAF TOWINS   |  |
| 2. The assumed business name was filed with the Secretary of State's Office on 10-11-02 as file number 12 5 90 3 5   |  |
| 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: A.S. A. Towing of  |  |
| 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:   |
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| D FOURY FILERT 1037 W 12 TH mediation  D TROY THOMAS 210 S. LOCAST GROVE   |  |
|  |  |
| 6. The type of business is amended to read:  |  |
| Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining  |  |
| 7. The name and address to which future correspondence should be addressed is changed to read:   |  |
| 910 S. LOCAST grove meridion JO83642   |  |
| 8. Name and address for this acknowledgment copy is:   |  |
|  |  |
|  | Secretary of State use only  |
|  |  |
| Signature: IDAHO SECRETARY OF STATE  |  |
| Printed Name: STAGARENS  | IDAHO SECRETARY OF STATE  12/18/2003 05:00  CK: 1069 CT: 158010 BH: 717401  1 0 10.00 = 10.00 ASSIM OFFINA O |
| Signature:  Printed Name:    Start   S |  |
| (see instruction # 9 on back of form)  | t to   |