

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: Hoffman Natural Health.
2. The assumed business name was filed with the Secretary of State's Office on 9/30/2005 as file number D92177.
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: _____
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"/>	_____
<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"/> Finance, Insurance, and Real Estate
<input 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:

Martin Hoffman
508 Butte Drive
Twin Falls, ID 83301

Signature: Walter W. Mar

Printed Name: Martin Hoffman

Capacity: Who is the owner?

(see instruction # 8 on back of form)

Secretary of State use only

I closed the business
in May, 2006.
Thank you.

D92177