

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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: Potlatch Family Dental
2. The assumed business name was filed with the Secretary of State's Office on 07/31/1997 as file number 06812
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:

☐
☒

Rich Bailey

225 6th St. Potlatch Id 83855

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☐

Ammon Pitt

225 6th St. Potlatch Id 83855

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☐

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:

8. Name and address for this acknowledgment copy is:

Signature: Richard E. Bailey DMD

Printed Name: Richard E. Bailey DMD

Capacity: Sole Proprietor

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
06/25/2007 05:00
CK: 8299 CT: 132777 BH: 1062140
1 @ 10.00 = 10.00 ASSUM AMEN # 2

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