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: <u>IM Pain ting</u>
 The assumed business name was filed with the Secretary of State's Office on
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:
1624 Ironholse cir Post Falls ID
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:
Toby Murson IM Painting 1624 Trunhorse cir
fost Falls ID 83854 Secretary of State use only
Signature: Sty Munsay Printed Name: 10by Munsay Capacity: Owner (see instruction # 9 on back of form)
Capacity:

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