## CANCELLATION OR AMENDMENT OF STATE CERTIFICATE OF ASSUMED BUSINESS NAMEO

(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: SHEAR DELIGHT			
		2. The assumed business name was filed with on11-06-2000 as file number	
		3. Cancellation. The persons who filed to the above assumed business name as	he certificate no longer claim an interest in nd cancel the certificate in its entirety.
4. The assumed business name is amen	ded to:		
5. The true names and business addres business under the assumed busines			
Add: Delete: Name:	Address:		
SHAWNA DEUEL	30-B ROBBINS AVE TF ID 83301		
SHAWNAS TECHNIQUES LLC	1096 EASTLAND DR N STE 200 TF ID 83301		
$\Box$ ( W82790)			
6. The type of business is amended to n	ead;		
Retail Trade Manufactur Wholesale Trade Agriculture Services Constructio	Finance, Insurance, and Real Estate		
7. The name and address to which futur is changed to read:	re correspondence should be addressed		
8. Name and address for this acknowledgment SHAWNA DEUEL	t copy is:		
3421 N 3100 E			
	Secretary of State use only		
TWIN FALLS ID 83301			
Showna Devel	94000000000000000000000000000000000000		
rinted Name: SHAWNA DEUEL	IDANO SECRETARY OF STATE		
apacity: OWNER	24/22/2029 05 : 202 [X: 3694 [7: 136136 BU: 1163162		
(see instruction # 9 on back of form)	8 18 18.00 = 10.00 ASSUM AMEN 0		

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