## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.)

To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, lo	AHO daho Code, the undersigned gives notice PM
of the action(s) indicated below:	STATERY OF STATE
1. The assumed business name is:	is Gening Service DAHO
2. The assumed business name was filed with	
on $\frac{9.23 + 20 + 6}{12 \cdot 12 \cdot$	e certificate no longer claim an interest in
4. The assumed business name is amende	ed to:
5. X The true names and business addresse business under the assumed business	· · · · · · · · · · · · · · · · · · ·
Add: Delete: Name:	Address:
□ Deatric Espinacy	820 10th Ave S Nampa 1083651
O O	
6. The type of business is amended to rea	ad:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g Transportation and Public Utilities Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:  820 10 <sup>th</sup> Auc 5 Mampa	
8. Name and address for this acknowledgment of	!鼍
Hermelonda alcaraz	
820 10th Ave S	
Nampa 1/2 8.3651	Secretary of State use only
Signature: Market Marce	IDAKO SECRETARY OF STATE
Printed Name: Hermelinda alcaraz	09/23/2016 05:00
Capacity:	CK:4229194 CT:172099 BH:1547807 1@ 10.00 = 10.00 ASSUM AMEN #2
Signature:	"
Printed Name:	D50263
Capacity:	20020