

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

 SECRETARY OF STATE
STATE OF IDAHO

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: Vivo
 2. The assumed business name was filed with the Secretary of State's Office
on 4/8/2009 as file number D129713

 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Savior Enterprises LLC</u>	<u>311 E. Sherman Ave. Coeur d'Alene, ID 83814</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Dale Rainey</u>	<u>311 E. Sherman Ave. Coeur d'Alene, ID 83814</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Shawnda Rainey</u>	<u>311 E. Sherman Ave. Coeur d'Alene, ID 83814</u>

 6. ☐ The type of business is amended to read:

<input checked="" 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:

311 E. Sherman Ave. Coeur d'Alene, ID 83814

Signature: _____

Printed Name: Dale RaineyCapacity: Member

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

D129713

 IDAHO SECRETARY OF STATE
09/17/2010 05:00
CK: 3219 CT: 245565 BH: 1239377
1 @ 10.00 = 10.00 ASSUM AMEN # 2