## FILED EFFEC

CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME 9: 30
(Please type or print legibly) STATE OF IDAHO To the SECRETARY OF 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: <u>SOFT TOUCH DENTAL CARE</u>
<ol> <li>The assumed business name was filed with the Secretary of State's Office on06/25/2003as file numberD66643</li> </ol>
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:
GARY J. NELSON 1361 CAMBRIDGE DR, ID FALLS, ID
DEBBIE NELSON 1361 CAMBRIDGE DR, ID FALLS, ID
GARY J. NELSON, DMD, P.A. 3350 S 15 E, IDAHO FALLS, ID 83404
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
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:
BANK OF IDAHO
1800 CHANNING WAY
IDAHO FALLS ID 83404
Signature: <u>GARY J. NELSON, PRES.</u> Printed Name: <u>GARY J. NELSON, PRES.</u> Capacity: <u>OWNER / PRESIDENT</u> (see instruction # 9 on back of form)
Printed Name: <u>GARY J. NELSON, PRES.</u>
Capacity: OWNER / PRESIDENT (are instruction # 9 on hark of form) (are instruction # 9 on hark of form) (are instruction # 9 on hark of form)
(see instruction # 9 on back of form)

228

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