

Signature:_

CANCELLATION OR AMENDMENT FILED EFFECTIVE OF CERTIFICATE OF **ASSUMED BUSINESS NAME**

2016 NOV 14 AM 11:47

SECRETARY OF STATE STATE OF IDAHO

_	^
1. The assumed business name is: $\overline{\text{FIT Boo}}$	Y BOOT CAMP
2. The assumed business name was filed with the S on _2-29-16_ as file number	ecretary of State's Office
 Cancellation. The persons who filed the certification assumed business name and cancel the certification. 	ficate in its entirety.
4. X The assumed business name is amended to:	Pocatello FIT BODY BOOI CAMP
	ne entity or individuals doing business under the
Add: Delete: (Name) (Address))
Add: Delete: (Name) (Address)	
Add: Delete: (Name) (Address)	
6. The type of business is amended to:	
☐ Retail Trade☐ Wholesale Trade☐ Services☐ Manufacturing☐ Agriculture☐ Construction	 Transportation and Public Utilities Mining Finance, Insurance, and Real Estate
7. Amend mailing address for future correspondence to:	Name and address for this acknowledgment copy is:
(Name)	(Name)
(Address)	(Address)
(City) (State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: DOLLAN SAM	Secretary of State use only
Signature:	
Printed Name: Wesley1 Skaar	11/15/2016 05:00
Signature: Wesley Shaar	CK:1017 CT:321016 BH:1555094 16 10:00 = 10:00 ASSUM AMEN #2
Printed Name:	+ 10/17ag
Cimmodo mas	D184799