

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECTIVE
2005 JUL -7 AM 9:30

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: Health Plus Therapeutic Massage
2. The assumed business name was filed with the Secretary of State's Office on 6-30-00 as file number D37095.
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: Advantage Therapeutic Massage
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

<input 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:

K.M. Little
PO Box 612
St. Anthony, ID 83445

Signature: K.M. Little

Printed Name: K.M. Little

Capacity: Owner (Sole Proprietor)

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
 07/07/2005 05:00
 CK: 420 CT: 150010 BH: 819849
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

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Revised 04/2003