

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

98 MAY 12 AM 10: 06

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~~ was: LUDGATE ASSOCIATES: TO BE
2. The assumed business name was filed with the Secretary of State's Office
on 4-21-98 as file number 14209 CANCELED
NEW NAME.
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. ☐ Continuation. The persons who filed the certificate continue use of the above
assumed business name for another 5 years (may be filed up to 6 months prior to
the lapse date).
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Diane Ludgate</u>	<u>1200 Basco Lane, Meridian, ID</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

<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 checked="" 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: 1200 Basco Lane
Ludgate Learning Systems, Meridian, ID 83642
8. Name and address for this acknowledgment copy is:

Diane Ludgate
1200 Basco Ln
Meridian, ID.

Signature: Diane Ludgate
Printed Name: DIANE LUDGATE
Capacity: President

(see instruction # 4 on back of form)

Secretary of State use only

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