

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

OCT 26 AM 7:48

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: Northwest Office Services
2. The assumed business name was filed with the Secretary of State's Office  
on 10/6/98 as file number d18861
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: Christy's Herbalife Inc. Independent  
Herbalife Distributor
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>Edward Cuen</u> | <u>612 N Haines Boise 83712</u> |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____              | _____                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____              | _____                           |
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:

Christy Cuen612 N HainesBoise, ID 83712Signature: [Signature]Printed Name: Christina CuenCapacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
10/26/2004 05:00  
CK: 2093 CT: 158010 BH: 773136  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 18861