

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

SECRETARY OF STATE
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: A BETTER LIFE
2. The assumed business name was filed with the Secretary of State's Office on 6-14-2001 as file number D46123
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: |
|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>HOME CARE PROFESSIONALS, INC.</u> | <u>820 N. LINDER RD, SUITE A</u> |
| | | <u>(C152121)</u> | <u>MERIDIAN, ID 83642</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>CARL M. MADDOX</u> | <u>1312 N. SUBSTATION RD, EMMETT,</u> |
| | | | <u>ID 83617</u> |

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:
HOME CARE PROFESSIONALS, INC., PO BOX 190030, BOISE, ID 83719
8. Name and address for this acknowledgment copy is:

Signature: Carl M. Maddox
 Printed Name: CARL M. MADDOX
 Capacity: PRESIDENT

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

D46123

IDAHO SECRETARY OF STATE
 12/24/2007 05:00
 CK: 2476 CT: 185527 BH: 1091224
 1 @ 10.00 = 10.00 ASSUM AMEN # 2