



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

2014 JAN 27 AM 10: 00

application, **STATEMENT** **STATEMENT** **STATEMENT**
STATEMENT **STATEMENT** **STATEMENT**

(Please type or print legibly. Instructions are included on the back of the application.)

1. The assumed business name is: Joy In Wellness STATE OF ILLINOIS

2. The assumed business name was filed with the Secretary of State's Office on 3/10/2008 as file number D119834.

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 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"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

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:**

Wendy Worthen

2498 N 2375 E

Hamer, ID 83425

Signature: Wendy Womack

Printed Name: Wendy Northen

Capacity:

Signature: _____

Printed Name:

Capacity:

Secretary of State use only

D 119834