

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

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: Trinity Assisted Living of Idaho
2. The assumed business name was filed with the Secretary of State's Office on April 15th 2011 as file number D146911
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u> <i>(C193450)</i>	<u>Address:</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Trinity Assisted Living of Idaho Inc.</u>	<u>3355 N Five Mile Rd. #236 Boise, ID 83713</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Elishia M Ricky Smith</u>	<u>3355 N Five Mile Rd. #236 Boise, ID 83713</u>
<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:
Elishia M Smith 3355 N Five Mile Rd. #236 Boise, ID 83713

8. Name and address for this acknowledgment copy is:

Elishia M Smith
3355 N Five Mile Rd. #236
Boise, ID 83713

Signature: *Elishia M Smith*

Printed Name: Elishia M Smith

Capacity: President

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 07/20/2012 05:00
 CK: 4611 CT: 193257 BH: 1332782
 1 @ 10.00 = 10.00 ASSUM AMEN # 3

D146911