## **CANCELLATION OR AMENDMENT OF** CERTIFICATE OF ASSUMED BUSINESS NAME

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

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To the CCODETADY OF STATE STATE STATE	For the F
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, to of the action(s) indicated below:	
1. The assumed business name is: BRIAN'S DR'	
2. The assumed business name was filed with on 12/04/2006 as file number D106021	
<ol> <li>Cancellation. The persons who filed the the above assumed business name and</li> </ol>	e certificate no longer claim an interest in cancel the certificate in its entirety.
4. The assumed business name is amende	ed to:
5. The true names and business addresse business under the assumed business	
Add: Delete: Name:	Address:
6. The type of business is amended to rea	ad:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
7. The name and address to which future is changed to read:	correspondence should be addressed
8. Name and address for this acknowledgment of the state	copy is:
<del></del>	Secretary of State use only
Signature:	
Printed Name: BRIAN LYNN ROSS	
Capacity: MANAGER/OWNER	
Signature:	
Printed Name:	
Capacity:	

abn\_amend.pmd Rev.07/2010

D106021