

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

to the SECRETARY OF STATE, STATE OF IDAHO

2002 MAY -6 AM 10: 20

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

The assumed business name is: POST FALLS FOOD MARTThe assumed business name was filed with the Secretary of State's Office on 1-24-00 as file number D-32475.

☐ 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. ☒ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).

5. ☐ The assumed business name is amended to: _____

6. ☒ 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>TONY CROWLEY</u>	<u>N 3241 13TH, COEUR D'ALENE, ID 83814</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>THE RIVER'S EDGE, LLC</u> <u>(W-10857)</u>	<u>HC03 BOX 91, ST. MARIES, ID 83861</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ 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

8. ☒ The name and address to which future correspondence should be addressed is changed to read:

THE RIVER'S EDGE, LLC, HC03 BOX 91, ST. MARIES, ID 83861

9. Name and address for this acknowledgment copy is:

JAMES P. CROWLEY

HC03 BOX 91

ST MARIES ID 83861

Signature

Printed Name: JAMES P. CROWLEYCapacity: MANAGING MEMBER

(see instruction # 10 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
05/13/2002 05:00
CK: 2184 CT: 158010 BH: 465334
1 @ 10.00 = 10.00 ASSUM AMEN # 2

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