CA	NCELLA	TION	ORAME	NDMEN	TOF	
CERTIF	ICATE C	F ASS	UMED	BUSINES	SS NA	4
/Pleasent	me or print legit	dy Instruction	ne ara include	d on the back of t	he annlic	atia

CERTIFICATE OF ASSUM (Please type or print legibly. Instructions are	ED BUSINESS NAME included on the back of the application.) SEP 16 AM 8:57
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	Idaho Code, the undersigned gwest housed
1. The assumed business name is: ##	Denevolent Bunny
(2) The assumed business name was filed with on 8/12/05 as file number	
 Cancellation. The persons who filed the above assumed business name an 	ne certificate no longer claim an interest in d cancel the certificate in its entirety.
4. The assumed business name is amend	led to:
5. The true names and business address business under the assumed business	·
Add: Delete: Name:	Address:
6. The type of business is amended to re	ead:
Retail Trade Manufacturii Wholesale Trade Agriculture Services Construction	ng
7. The name and address to which future is changed to read: Same name new address	so 502 Park Street
8. Name and address for this acknowledgment	
Susan Moris	8353 o
502 Park Street	
Evangouille, 15 83530	Secretary of State use only
Signature: Suran Monto	Costoniy of Calle and Smy
Printed Name: Susan Morris	
Capacity: Owner	
Signature:	TRAUS PROPERTY OF ATATE
Printed Name:	IDANO SECRETARY OF STATE 39/16/2011 05:00 CK: 6501 CT: 150016 BH: 1298734
Capacity:	1 9 19.90 = 19.90 ASSUM AMEN # 2

abn_amend.pmd Rev.07/2010