Signature: ________

Printed Name: Jarrod Lindstrom

Printed Name:

Capacity:__

Capacity: Owner

Signature:_____

	FILED EFFECTIVE
CANCELLATION OR AMENDME CERTIFICATE OF ASSUMED BUSINE (Please type or print legibly, Instructions are included on the back) To the SECRETARY OF STATE, STATE OF IDAHO	NT OF ESS NAME 28 of the application.) PARE 2: 24
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-507 and 53-508, Idaho Code, the of the action(s) indicated below:	10,5%
1. The assumed business name is: BRP Handyman Services	
2. The assumed business name was filed with the Secretary of or 1/22/08 as file number D118363	State's Office
3. Cancellation. The persons who filed the certificate no lot the above assumed business name and cancel the cert	
4. The assumed business name is amended to:	
5. The true names and business addresses of the entity of business under the assumed business name are amer	
Add: Delete: Name:	Address:
6. The type of business is amended to read:	
	ortation and Public Utilities , Insurance, and Real Estate
7. The name and address to which future correspondence is changed to read:	e should be addressed
Name and address for this acknowledgment copy is: Jarrod Lindstrom	
576 W Fordham Dr	
Eagle ID 83616	

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