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

CERTIFICATE OF ASSUMED DUSINESS NAME (Please type or print legibly)	
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: TEAM WORK	
2. The assumed business name was filed with the Secretary of State's Office on $\frac{7/24/97}{}$ as file number $\frac{D-5406}{}$ .	
3. X 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 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
	7
	- <del></del>
	ALO 9:
<ol><li>The type of business is amended to read:</li></ol>	<b>*</b>
<ul> <li>☐ Wholesale Trade</li> <li>☐ Agriculture</li> <li>☐ Finance,</li> <li>☐ Construction</li> <li>☐ Mining</li> </ul>	tation and Public Utilities Insurance, and Real Estate
7. The name and address to which future correspondence should be addressed is changed to read:	
8. Name and address for this acknowledgment copy is:	
8. Name and address for this acknowledgment copy is.	
Box 551	
Dagle, La 0 3616	ecretary of State use only
Signature:   Printed Name:   Capacity:   (see instruction # 4 on back of form)	
Printed Name: Margie Laughlin gg	,
Capacity: Solo Proprotor (see instruction # 4 on back of form)	
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