

~~FILED EFFECTIVE
DATE OF~~

**CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS 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: ARA CUSTOMIZED CONSTRUCTION
2. The assumed business name was filed with the Secretary of State's Office on 3-22-04 as file number D14S13.
3. 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. The assumed business name is amended to: _____
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:

JENNIFER ALLRED _____ 410 S FIR JEROME, ID 83338

6 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

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

PO BOX 735, TWIN FALLS, ID 83301-0735

8. Name and address for this acknowledgment copy is:

BRIAN ALLRED

PQ BOX 735

TWIN FALLS, ID 83301-0735

Signature:

Printed Name: Connie Hill

Capacity: One

(see instruction # 9 on back of form)

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Secretary of State use only

IDAMO SECRETARY OF STATE
06/27/2005 05:00
CK: 2092 CT: 189969 BH: 818126
1 P 10.00 = 10.00 ASSUM AMEN # 2

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