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CANCELLATION OR AM	ENDMENT
OF CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS N	
(Please type or print legibly. Instructions are included or	n the back of the application. SECRETARY OF STATE
Arrowhead 1. The assumed business name is:	STATE OF IDAHO
 The assumed business name is: The assumed business name was filed with 	h the Secretary of State's Office
on $\frac{8/31/2006}{D10328}$ as file number $\frac{D10328}{D10328}$	1
 Cancellation. The persons who filed t the above assumed business name and 	the certificate no longer claim an interest in nd cancel the certificate in its entirety.
4. The assumed business name is amen	
5. The true names and business address business under the assumed business	
Add: Delete: Name:	<u>Address;</u> 5539 F Marina Ct. Post Falls, ID 83854
Lawrence Enterprises, LLC	5539 E Marina Ct. Post Falls, ID 84854
$\Box = (W137041)$	
 Retail Trade Manufactur Wholesale Trade Agriculture Services Construction The name and address to which future is changed to read: 	Mining
8. Name and address for this acknowledgment Casey Lawrence	t copy is:
5539 E. Marina Ct.	
Post Falls, ID 83854	
Signature: <u>Carey Lawrence</u> Printed Name. <u>Carey Lawrence</u> Capacity: <u>Owner</u> Operator	Secretary of State use only
Printed Name. Casey Lawrence	
Sapacity: Owner Operator	
Signature:	IDAHO SECRETARY OF STATE
Printed Name: Capacity:	04/23/2014 05:00 CK:1835992 CT:172099 EH:14216 1@ 10.00 = 10.00 ASSUM AMEN :
aton amend.pmd Rev. 07/20	DI03281