

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

09 APR -6 AM 9:03

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:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: All Creatures Great & Small Educational Exhibits
2. The assumed business name was filed with the Secretary of State's Office on May 03/07 as file number D111 066.
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:

- | | | | |
|-------------------------------------|-------------------------------------|---------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Jennifer Wilkerson</u> | <u>447 VanderSloot W Cozalla</u> |
| | | | <u>ID. 83813</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Jennifer Hamilton</u> | <u>57 Lone Pine Rd Cozalla, ID.</u> |
| | | | <u>83813</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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 checked="" 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: _____

8. Name and address for this acknowledgment copy is:

Jennifer Wilkerson
Po. Box 1615
Cozalla, ID. 83813

Signature: Jennifer WilkersonPrinted Name: Jennifer WilkersonCapacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

g:\csp\forms\lab\form\amendment.tpm
Revised 04/2003

IDAHO SECRETARY OF STATE
 04/06/2009 05:00
 CK: 1001 CT: 235849 BH: 1164616
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D111 066