

# CANCELLATION, CONTINUATION, 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: SUCCESS SEMINARS (SUCCESS SEMINARS)
2. The assumed business name was filed with the Secretary of State's Office on 9-2-97 as file number 89694.
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. ☐ 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 assumed business name is amended to: \_\_\_\_\_

6. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ 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                              |

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

Ronnee McGee  
4875 E. Long Shadowy Dr.  
Coeur D Alene, ID 83814

9. Name and address for this acknowledgment copy is:

Ronnee McGee  
4875 E. Long Shadowy Dr.  
Coeur D Alene, ID 83814

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/26/1999 09:00  
CK: 1884 CT: 114506 DH: 210548

1 @ 10.00 = 10.00 ASSUM AMEN # 3

FILED  
APR 26 1999  
IDAHO