

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

11 APR 18 PM 12:32

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: Far-North Deli
2. The assumed business name was filed with the Secretary of State's Office on 09/30/2009 as file number D133876
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Michele Gagnon</u>	<u>P.O. Box 3132 Bonners Ferry, ID 83805</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>James P. Stookey</u>	<u>P.O. Box 443 Moyie Springs, ID 83845</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 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:

James P. Stookey P.O. Box 443 Moyie Springs, ID 83845

8. Name and address for this acknowledgment copy is:

James P. Stookey
P.O. Box 443
Moyie Springs, ID 83845

Signature: James P. Stookey

Printed Name: James P. Stookey

Capacity: Owner

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 04/18/2011 05:00
 CK: 520 CT: 216206 BH: 1269750
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D133876