



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS

Filing fee: \$20.00 for manual processing (form must be typed).
(see Instructions for additional fees)*

For Office Use Only

-FILED-

File #: 0003552591

Date Filed: 6/24/2019 10:30:00 AM

1. The assumed business name is: Forest Wrecker Service
2. The assumed business name was filed with the Secretary of State's office
on 12/8/2008 as file number D126781.
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 follows:

Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	<u>Waller Enterprises, Inc.</u>	<u>7366 Lapwai Rd, Lewiston, ID 83501</u>
		(Name)	(Address)
Add: <input checked="" type="checkbox"/>	Delete: <input type="checkbox"/>	<u>Always Towing, LLC</u>	<u>PO Box 103, Lewiston, ID 83501</u>
		(Name)	(Address)
Add: <input type="checkbox"/>	Delete: <input type="checkbox"/>	_____	_____
		(Name)	(Address)

6. ☐ The type of business is amended to:

<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☒ Amend mailing address for future
correspondence to:

Always Towing, LLC
(Name)
PO Box 103
(Address)
Lewiston, ID 83501
(City, State Zipcode)

8. Name and address for this acknowledgment
copy is:

Paul B. Burris
(Name)
PO Drawer 835
(Address)
Lewiston, ID 83501
(City, State Zipcode)

Printed Name: Waller Enterprises, Inc.

Signature:

Printed Name: Gail C. Waller, President

Signature:

Printed Name: Lori M. Forest, Secretary

Signature: _____

Secretary of State use only

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