Signature:

Printed Name:

Capacity: We wi

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.) 30

To the SECRETARY OF STA	•	
Pursuant to Section 53- of the action(s) indicate		Code, the undersigned gives notice
1. The assumed business na	ame is: <u>Unique Designs</u>	
2. The assumed business na on 10/25/2012 as file	ame was filed with the senumber D158906	Secretary of State's Office
• — •		rtificate no longer claim an interest in neel the certificate in its entirety.
4. The assumed busine	ess name is amended to	: Unique Design
L		f the entity or individuals doing ne are amended as follow:
Add: Delete:	Name:	Address:
6. The type of busines	s is amended to read:	
Retail Trade	Manufacturing [Transportation and Public Utilities
☐ Wholesale Trade ☐ Services	Agriculture [Construction [Finance, Insurance, and Real Estate Mining
7. The name and addr is changed to read:	ess to which future cor	respondence should be addressed
Name and address for this Angstman Johnson	acknowledgment copy	ris:
3649 Lakeharbor Ln.		
Boise, Idaho 83703		Secretary of State use only
Signature:		
Printed Name: Tammy Schacher		
Capacity Member, Northern Co	onstruction, LLC	

IDAHO SECRETARY OF STATE

11/30/2012 05:00

CK: 17775 CT: 214448 BH: 1349523
1 @ 10.00 = 10.00 ASSUM AMEN # 2 10.00 ASSUM AMEN # 2