

4/24/2002 3:13:25

To: KIMMELL, SHAWN 15094611413 From: Natalie Teninty

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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: DISH NETWORK OF IDAHO
- 2. The assumed business name was filed with the Secretary of State's Office on 02/24/2002 as file number D 50325.
- 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 follow:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<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: _____

9. Name and address for this acknowledgment copy is:

Shawn Kimmell

TKO Financial Services, LLC

5979 Overland RD

BOISE, ID 83709

Signature: Shawn Kimmell

Printed Name: SHAWN KIMMELL

Capacity: MANAGER

(see instruction # 10 on back of form)

Secretary of State use only

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Revised: 01/2001

STATE OF IDAHO
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VOID/EFFECTIVE