



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 SEP -5 AM 11:09

**SECRETARY OF STATE
STATE OF IDAHO**

1. The assumed business name is: Health & Wellness
2. The assumed business name was filed with the Secretary of State's Office on 12/30/2004 as file number D82989.
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: ☐ Delete: ☒ Same name old address 755 Hospital Way B7 Pocatello Id
(Name) (Address)

Add: ☒ Delete: ☐ Same name 1553 E. Center St. Pocatello Idaho 83201
(Name) (Address)

Add: ☐ Delete: ☐ _____
(Name) (Address)

6. ☐ The type of business is amended to: Same - medical services

<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:

Cynthia M. Rice - Health & Wellness
(Name)

1553 E. Center St.
(Address)

Pocatello ID 83201
(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

Cynthia M. Rice - Health & Wellness
(Name)

1553 E. Center St.
(Address)

Pocatello ID 83201
(City) (State) (Zipcode)

Printed Name: Cynthia M. Rice

Signature: Cynthia M. Rice

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/06/2017 05:00

CK:1023 CT:345196 BH:1601505
 10 10.00 = 10.00 ASSUM AMEN #2

D82989