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CANCELLATION OR AMENDMENT BEFFECTIVE CERTIFICATE OF ASSUMED BUSINESS MAMEN 9: 04

(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: PRYORITY HEALTH CARE
2. The assumed business name was filed with the Secretary of State's Office on Sept. 6, 2000 as file number <u>D-38750</u>
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: PRYORITY ONE HEALTHCARE
5. The true names and <u>business addresses</u> of the entity or individuals doing business under the <u>assumed business</u> name are amended as follow:
Add: Delete: Name: Address:
Thomas Pryor MD 1215 Ave. W. Gooding, ID 83330
6. The type of business is amended to read:
☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities ☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate ☐ Services ☐ Construction ☐ Mining
7. The name and address to which future correspondence should be addressed is changed to read:
Thomas Pryor MD. 121 5th Ave. West Gooding ID 83330
8. Name and address for this acknowledgment copy is:
First Federal
383 Shoshone St. No. P.O. Box 249 Secretary of State use only
Signature: Printed Name: Thomas PRVDR, MD Capacity: Sole Proprietor - Owner (200 Instruction # 9 on back of form)
Signature: Thomas PRYDR.MD
Printed Name: Thomas PRYDR, MD
Capacity: Sole Proprietor - Owner (see instruction # 9 on back of form) IDAHO SECRETARY OF STATE (95/06/2005 05:00) CK: 1774 CT: 158618 BH: 888998