

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2009 JAN 25 PM 12:31

SECRETARY OF STATE
STATE OF IDAHO

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: MIDTOWNE INSURANCE

2. The assumed business name was filed with the Secretary of State's Office on 2-9-06 as file number D 96373.

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 follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. 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 |

7. The name and address to which future correspondence should be addressed is changed to read:

MIDTOWNE INSURANCE OF STAR, INC.
9700 W. STATE ST, STAR IDAHO 83669

8. Name and address for this acknowledgment copy is:

MIDTOWNE INSURANCE OF STAR, INC.
9700 W. STATE ST
STAR, IDAHO 83669

Secretary of State use only

Signature: Robert F. Kafka Jr.

Printed Name: ROBERT F. KAFKA JR.

Capacity: PRESIDENT

(see instruction # 9 on back of form)