

# CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

APR 27 2 11 PM '99 **FILED**

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: K&M Enterprises
2. The assumed business name was filed with the Secretary of State's Office on 10-15-98 as file number D 19080
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:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Kristine Whitlatch</u>	<u>1740 N Ten Mile Rd</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Jean Vance</u>	<u>2791 W Santa Clara Dr.</u>
<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:

K&M Enterprises  
2791 W Santa Clara Dr.  
Meridian, Id 83642

Signature: Kristine M Whitlatch  
 Printed Name: Kristine M Whitlatch  
 Capacity: \_\_\_\_\_

(see instruction # 4 on back of form)

Revision 2/89 g:\corpforms\abnchag.pmf

Secretary of State use only  
IDAHO SECRETARY OF STATE04/23/1999 09:00  
CK: CASH CT: 114531 BH: 210285

1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 19080