

CANCELLATION 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:

 09 NOV -4 AM 8:35
 SECRETARY OF STATE
 STATE OF IDAHO

1. The assumed business name is: SMART Buy
2. The assumed business name was filed with the Secretary of State's Office on June 29, 09 as file number D131852.
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 checked="" type="checkbox"/> | <u>JAMES WOOD</u> | <u>38 W 100 N BLACKFOOT ID</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>KENT CHRISTIANSEN</u> | <u>307 N 200 W Blackfoot ID 83221</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

6. ☐ The type of business is amended to read:

<input checked="" 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:

Smart Buy - 307 N 200 W Blackfoot Id

8. Name and address for this acknowledgment copy is:

Smart Buy
550 Jensen Grove Dr
Blackfoot, ID 83221

Secretary of State use only

Signature: James WoodPrinted Name: JAMES WOODCapacity: OWNER

(see instruction # 9 on back of form)

g:\c:\p\forms\id\form\id\amend.pmd Revised 04/2003

 IDAHO SECRETARY OF STATE
 11/04/2009 05:00
 CK: 6031 CT: 94335 BH: 1193990
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D131852