

CANCELLATION, CONTINUATION, 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:

1. The assumed business name is: River Construction
2. The assumed business name was filed with the Secretary of State's Office on 02-07-02 as file number D56255
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>DON Hazzard</u> | <u>2160 S Five Mile Rd</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Arthur Harp</u> | <u>13494 W Rochester ST.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | <u>Boise ID 83713</u> |

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 checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |
8. ☒ The name and address to which future correspondence should be addressed is changed to read:
13494 W Rochester ST
9. Name and address for this acknowledgment copy is:

Signature: _____

Printed Name: ARTHUR HARP

Capacity: _____

(see instruction # 10 on back of form)

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
01/24/2003 05:00
CK: CASH CT: 150010 BH: 650611
1 @ 10.00 = 10.00 ASSUM AMEN # 2