Capacity: Owner

(see instruction # 9 on back of form)

## 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:	
1.	. The assumed business name is: Limestone	Legends O R
2.	2. The assumed business name was filed with the Secretary of State's Office on3/17/05 as file numberD85664	
3.	Cancellation. The persons who filed the above assumed business name a	he certificate no longer claim an interest in nd cancel the certificate in its entirety.
4.		ded to:
5.	The true names and business address business under the assumed business	ses of the entity or individuals doing s name are amended as follow:
	Add: Delete: Name:	Address:
6.	The type of business is amended to re	ead:
	(	ing Transportation and Public Utilities Finance, Insurance, and Real Estate
7.	The name and address to which futur is changed to read:	e correspondence should be addressed
8.	Name and address for this acknowledgment copy is:	
	Karen M. Smith, Attorney	
	500 N Govt Way Ste 600	
	Coeur d Alene ID 83814	Secretary of State use only
Signatu		Revised 04/2003
Printed	Name: D. Lane Frank	Revised