

# CANCELLATION OR AMENDMENT CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

**FILED EFFECTIVE**  
JUN 18 AM 9:18

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: LEGENDS ON THE RISE

2. The assumed business name was filed with the Secretary of State's Office on 01/20/2011 as file number D144684.

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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>KEVIN WHITMORE</u>	<u>1564 BLUE SKY RD BONNERS FERRY ID</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SARAH WHITMORE</u>	<u>1564 BLUE SKY RD BONNERS FERRY ID</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>LEGENDS OF THE FALL TAXIDERM W96758 LLC</u>	<u>PO BOX 688 BONNERS FERRY ID 83805</u>

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:

8. Name and address for this acknowledgment copy is:

KEVIN WHITMORE

PO BOX 688

BONNERS FERRY, ID 83805

Signature: [Signature]

Printed Name: KEVIN WHITMORE

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/08/2011 05:00  
CK: 1681 CT: 242517 BH: 1277459  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 144684