

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

(Please type or print legibly)

FILED
JAN 22 11 14 AM '99

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: Westinghouse Power Generation
2. The assumed business name was filed with the Secretary of State's Office on 2/18/98 as file number 012225.
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 true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

| Add: | Delete: | Name: | Address: |
|--------------------------|--------------------------|-------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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:

CT Corporation System
3 Gateway Center, 16th Fl.,
Pittsburgh, PA 15222

Signature: Michael T. Sweeney

Printed Name: Michael T. Sweeney

Capacity: Assistant Secretary
(see instruction # 4 on back of form)

Secretary of State use only

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