## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

of the action(s) indicated below:  1. The assumed business name is:	anyon View Psychiatric and Addiction Services  Magic Valley Regional Medical Center  ed with the Secretary of State's Office  D13479  filed the certificate no longer claim an interest in time and cancel the certificate in its entirety.  addresses of the entity or individuals doing,
Add: Delete: Name:	usiness name are amended as follow: 은 물 Address
Add. Belete.	ATE 25
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☐ Wholesale Trade ☐ Agric☐ Services ☐ Cons	ufacturing Transportation and Public Utilities ulture Finance, Insurance, and Real Estate truction Mining h future correspondence should be addressed
8. Name and address for this acknowled  Taylor Law Offices, P.A.	gment copy is:
P.O. Box 1901	Secretary of State use only
Twin Falls, ID 83303-1901  Signature:  Printed Name: G. Kent Taylor  Capacity: Legal Counsel for MVRMC	g kcopylomstabnformstabnamend pmd Rewsed 04/2003
(see instruction # 9 on back of form)	6