CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.)

| , | TOTA DEC 23 AM - |
|--|---|
| To the SECRETARY OF STATE, STATE OF ID. Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below: | |
| 1. The assumed business name is: | avern |
| 2. The assumed business name was filed with on <u>San 19 1009</u> as file number <u>DIA</u> | the Secretary of State's Office |
| 3. Cancellation. The persons who filed the the above assumed business name and | e certificate no longer claim an interest in discancel the certificate in its entirety. |
| 4. The assumed business name is amend | ed to: |
| 5. The true names and business address business under the assumed business | · · · · · · · · · · · · · · · · · · · |
| Add: Delete: Name: | <u>Address:</u> |
| | |
| | |
| 6 The type of business is amended to re | ad [,] |
| 6. Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction | Transportation and Public Utilities Finance, Insurance, and Real Estate |
| The name and address to which future is changed to read: | correspondence should be addressed |
| 8. Name and address for this acknowledgment of Nelma Karen Moser 9 Freedom Dr. Onfario OR 97914 | copy is: |
| Signature: <u>Velma Karen Moser</u> | Secretary of State use only |
| Printed Name: Velma Karen Moser | |
| Capacity: | D127898 |
| Signature: | DIATOTO |
| Printed Name: | |
| Capacity: | |