

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECTIVE
MAR 26 11:07
SECRETARY OF STATE
STATE OF IDAHO

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: La Familia Mexican Cuisine
2. The assumed business name was filed with the Secretary of State's Office on 3-16-10 as file number D137716.

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:

Add: Delete:

Name:

Address:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Leticia Valles</u>	<u>488 Wiseman St Hansen ID 83334</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Martha P. Gutierrez</u>	<u>4114 E 2900 N Hansen ID 83334</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Francisco Aguirre</u>	<u>4114 E 2900 N Hansen ID 83334</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Mario Aguirre</u>	<u>3117 Eagle Ridge DR. Wendell ID 83355</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 checked="" 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:

488 Wiseman St Hansen ID 83334

8. Name and address for this acknowledgment copy is:

Leticia Valles

488 Wiseman St

Hansen ID 83334

Signature: Leticia Valles

Printed Name: Leticia Valles

Capacity: _____

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/26/2010 05:00
CX: 2588 CT: 246415 BH: 1214068
1 @ 10.00 = 10.00 ASSUM AMEN # 2