

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 OCT -6 AM 11:20

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: A Caring HAND Twin Falls
2. The assumed business name was filed with the Secretary of State's Office on 3/23/10 as file number D133123
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: ALL CARE HEALTH SOLUTIONS
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:

☐
☐
☐
☐
☐
☐

6. ☐ The type of business is amended to read:

☐ Retail Trade

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Finance, Insurance, and Real Estate

☒ Services

☐ Construction

☐ 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:

Travis Krawl

1120 N. 14th St

Boise ID 83702

Signature: Travis L. Krawl

Printed Name: Travis L. Krawl

Capacity: MGK

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/06/2010 05:00
CK: 524880 CT: 172899 RH: 1242063
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D133123