FILED EFFECTIVE

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

09 AUG 27 AM 8: 11

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: The Shamans Dream _____

2. The assumed business name was filed with the Secretary of State's Office
    on ___01/04/2002___ as file number ___D50858___ .

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:
☐	☑	Marsha G. Sanders	410 Diamond Ave. Twin Falls, ID 83301
☐	☐		
☐	☐		

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:

    The Shamans Dream _____

    410 Diamond Ave. _____

    Twin Falls, ID 83301-7711 _____

Signature: _Michael G. Wamego_

Printed Name: Michael G. Wamego

Capacity: Sole Proprietor

(see Instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
08/27/2009 05:00
CK: 2365 CT: 235376 BH: 1184692
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D50858