

# CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED/EFFECTIVE**

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: INLAND MUSCLE THERAPY
2. The assumed business name was filed with the Secretary of State's Office on FEB. 11, 1999 as file number D23067.
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. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: \_\_\_\_\_
6. ☒ 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>NAOMI BROWN</u>	<u>1200 IRONWOOD Dr., #201</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DAVID M. LEMKE</u>	<u>COEUR D'ALENE, ID 83814</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>_____</u>	<u>SAME AS ABOVE</u>

7. ☐ 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 type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
8. ☒ The name and address to which future correspondence should be addressed is changed to read:

NAOMI BROWN 1200 IRONWOOD Dr., #201 COEUR D'ALENE ID.

9. Name and address for this acknowledgment copy is:

83814

NAOMI BROWN

1200 IRONWOOD Dr., #201

COEUR D'ALENE, ID 83814

Signature: \_\_\_\_\_

Printed Name: DAVID M. LEMKECapacity: PRESIDENT / OWNER

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/22/2000 09:00  
CK: 1700 CT: 135037 BH: 342840

1 @ 10.00 = 10.00 ASSUM AMEN # 2