

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

FILED/EFFECTIVE

(Please type or print legibly)

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:

00 AUG 21 PM 3:02
SECRETARY OF STATE
STATE OF IDAHO

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 COEUR D'ALENE, ID 83814</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DAVID M. LEMKE</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<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. 83814
9. Name and address for this acknowledgment copy is: 83814

NAOMI BROWN
1200 IRONWOOD Dr., #201
COEUR D'ALENE, ID 83814

Signature: [Signature]
 Printed Name: DAVID M. LEMKE
 Capacity: PRESIDENT / OWNER

(see instruction # 4 on back of form)

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Secretary of State use only
 IDAHO SECRETARY OF STATE
 08/22/2000 09:00
 CK: 1700 CT: 135037 BH: 342040
 1 @ 10.00 = 10.00 ASSUM AMEN # 2