

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2007 FEB -1 AM 8:47

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:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: KETCHUM COMPUTERS
2. The assumed business name was filed with the Secretary of State's Office on 11/25/2002 as file number D60239.
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 type="checkbox"/> | <input checked="" type="checkbox"/> | <u>STEVE LINDEN, INDIVIDUAL</u> | <u>P.O. Box 5186</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>LINDEN Networking & Microsystems, Inc.</u> | <u>P.O. Box 5186</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>(C134225)</u> | <u>Ketchum, ID.</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 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: _____

8. Name and address for this acknowledgment copy is:

STEVEN A LINDENP O BOX 5186KETCHUM ID 83340

Signature: _____

Printed Name: STEVE LINDENCapacity: OWNER, + Pres.

(see instruction # 9 on back of form)

Secretary of State use only

 groupformstateformassumednameid
 Revised 04/2003

 IDAHO SECRETARY OF STATE
 02/01/2007 05:00
 CK: 1514 CT: 150010 BH: 1030473
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 60239