



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 NOV 21 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name is: Valadez Drywall
2. The assumed business name was filed with the Secretary of State's Office on 2/22/05 as file number D 84814
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: |
|----------------------------------|--------------------------|---------|------------------------------|---------------------------|
| Address <input type="checkbox"/> | <input type="checkbox"/> | | <u>Jose Ruben Valadez C.</u> | <u>2863 S. 1050 E.</u> |
| change <input type="checkbox"/> | <input type="checkbox"/> | | _____ | <u>Hagerman ID. 83332</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | | _____ | _____ |

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"/> Mining |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

7. ☒ The name and address to which future correspondence should be addressed is changed to read:

Jose Ruben Valadez Campos 2863 S. 1050 E. Hagerman, ID. 83332

8. Name and address for this acknowledgment copy is:

Jose Ruben Valadez Campos
2863 S. 1050 E.
Hagerman ID. 83332

Signature: [Signature]

Printed Name: JOSE RUBEN VALADEZ C

Capacity: _____

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/21/2014 05:00

CK:1092 CT:158010 BH:1450231
 10 10.00 = 10.00 ASSUM AMEN #2

D84814