



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

**2017 MAR 13 AM 10:28**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The assumed business name is: Pinehurst HICO
2. The assumed business name was filed with the Secretary of State's Office on 01/06/2014 as file number D167936.
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 follows:

**Add:** ☐ **Delete:** ☐ \_\_\_\_\_  
(Name) (Address)

**Add:** ☐ **Delete:** ☐ \_\_\_\_\_  
(Name) (Address)

**Add:** ☐ **Delete:** ☐ \_\_\_\_\_  
(Name) (Address)

6. ☐ The type of business is amended to:

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

7. ☐ Amend mailing address for future correspondence to:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

Coleman Oil Company, LLC

\_\_\_\_\_  
(Name)

PO Box 1308

\_\_\_\_\_  
(Address)

Lewiston, ID 83501

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zipcode)

Printed Name: Kathie Otte, Executive Assistant

Signature: Kathie Otte, Exec. Asst.

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Secretary of State use only

D167936