

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2004 JAN 13 AM 9:05

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: mountain maid
2. The assumed business name was filed with the Secretary of State's Office on 8/26/02 as file number DS7686.
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>Kristah Larkin</u> | <u>HC 66 Box 368, Kootenai, ID. 83539</u> |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____                 | _____                                     |
| <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"/> 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:

Kristah Larkin  
2800 NA1A #104  
Fort Pierce, FL 34949

Signature: Kristah LarkinPrinted Name: Kristah LarkinCapacity: President

(see instruction # 9 on back of form)

Secretary of State use only