

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

(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:

1. The assumed business name is: Final Coat (No longer in Business)
2. The assumed business name was filed with the Secretary of State's Office on 2/28/00 as file number D 33517.
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: N/A
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Herman Massingale	HC1, Box 145, Ferdinand, ID
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mitchell R. Page	Rt 2, Box 244, Poplar Dr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lisa A. Page	Grangeville, ID 83530

7. ☐ The type of business is amended to read: No longer in Business.
- | | | |
|--|--|--|
| <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 |
| (was) <input checked="" 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:

N/A

9. Name and address for this acknowledgment copy is:

Rt 2, Box 244Poplar DrGrangeville, ID 83530Signature: Lisa A. PagePrinted Name: Lisa A. PageCapacity: (Partner - Office Manager)

(see instruction # 4 on back of form)

Secretary of State use only

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FILED EFFECTIVE