

CANCELLATION OR AMENDMENT OF FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

03 SEP -4 AM 11:44

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: Pets Best Claims
2. The assumed business name was filed with the Secretary of State's Office on 10-12-2006 as file number D104582.
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>Pets Best Ins. Services, LLC</u> | <u>2710 Sunrise Rim Rd. Suite 100</u> |
| | | <u>W52152</u> | <u>Boise, ID 83705</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Pets Best Insurance, INC.</u> | <u>" "</u> |
| | | <u>C166234</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"/> 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:

Pets Best Insurance Services, LLC

2710 Sunrise Rim RD Suite 100

Boise, ID 83705

Signature: _____

Printed Name: Gregory S. McDonald

Capacity: CEO

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
09/04/2008 05:00
CK: 149913 CT: 172099 BH: 1134425
1 @ 10.00 = 10.00 ASSUM AMEN # 2

g:\cop\forms\ab\forms\ab\amend.pmd Revised 04/2003