## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAI

CERTIFICATE OF ASSUM (Please type or print k	ED BUSINESS NAME <sup>UC</sup> T 28  AH 8
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	
1. The assumed business name is: Hailey-Comr	m
The assumed business name was filed with on8/20/03 as file number	
3. Cancellation. The persons who filed the above assumed business name and	ne certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is amend	led to:
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
Leslie Trombold	3331 Berrycreek Dr., Hailey, ID 63333
Leslie Trombold	241 Melrose St., Bellevue, ID 83313
6. The type of business is amended to re Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	ng
7. The name and address to which future is changed to read:  Leslie Trombold; POB 1723, Halley, ID 8:	e correspondence should be addressed
8. Name and address for this acknowledgment	copy is:
POB 1723	Secretary of State use only
Hailey, ID 83333	
ignature: Leh Ironh	
rinted Name: Leslie Trombold	IDANO SECRETARY OF STATE
Capacity: Owner (208) 720-0510	10/28/2009 05:00 CK: 3981 CT: 241880 BH: 1192991 1 8 10.88 = 10.88 ASSUM AMEN # 2
(see instruction # 9 on back of form)	8   1 0.00 = 10.00 ASSUM AMEN # 2

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