	FILEN
CANCELLATION OR AN	FILED EFFEC
CERTIFICATE OF ASSUME	
(Please type or print legit	
To the SECRETARY OF STATE, STATE OF IDAH	O SFORETAN
Pursuant to Section 53-507 and 53-508, Ida of the action(s) indicated below:	ho Code, the undersigned gives notice
1. The assumed business name is: <u>Collegia</u>	ite Consulting Services
<ol> <li>The assumed business name was filed with the</li> </ol>	
on $6[4]240$ as file number $D46$	
3. Cancellation. The persons who filed the c	ertificate no longer claim an interest in
the above assumed business name and c 4. X The assumed business name is amended	
5. The true names and business addresses	0
business under the assumed business na	me are amended as follow:
Add: Delete: Name:	Address:
D D <u>Same</u>	
	· · ·
6. The type of business is amended to read:	Not ammended
Retail Trade Manufacturing	
Wholesale Trade Agriculture	Finance, Insurance, and Real Estate Mining
7. The name and address to which future co	
is changed to read:	
<u> </u>	
8. Name and address for this acknowledgment copy 	<b>/ is</b> :
115 Spur DR.	Secretary of State use only
Sandpoint. Id. 83864	
nature:Mite Hiving	
nted Name:Mike Givens	IDAHO SECRETARY OF STATE
pacity: <u>Owner</u>	06/01/2007 05:00 UX: 8284 CT: 158018 BH: 1057435 1 0 10.00 = 10.00 ASSUM AMEN 8
(see Instruction # 9 on back of form)	
	D46119