

# 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: NEWCOMB ENTERPRISES-RESEARCH TECHNOLOGIES
2. The assumed business name was filed with the Secretary of State's Office on 08 MAR 1999 as file number D-23811.
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: NEWCOMB ENTERPRISES-DRAGON'S POINT
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"/>	<u>JAMES R. Newcomb</u>	<u>1123 Greenhill Wy, Corona</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SUSAN Newcomb</u>	<u>1123 Greenhill Wy, Corona</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SUSAN Newcomb</u>	<u>2014 BOUNTY LOOP, HAYDEN ID 83835</u>

7. ☒ The type of business is amended to read:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" 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

8. ☒ The name and address to which future correspondence should be addressed is changed to read:

NEWCOMB, 2014 BOUNTY LOOP, HAYDEN ID 83835

9. Name and address for this acknowledgment copy is:

Signature: Susan NewcombPrinted Name: SUSAN NEWCOMBCapacity: SOLE PROPRIETOR

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

05/31/2000 09:00  
CK: 5682 CT: 131732 BH: 321992

1 @ 10.00 = 10.00 ASSUM AMEN # 2

D23811

FILED EFFECTIVE  
00 MAY 30 PM 2:17  
STATE OF IDAHO  
Div.CA  
91720  
CA  
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