## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAMEN 18 AM 8: 38

(Please type or print le	
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below:	
The assumed business name is: MST Financial Services	
The assumed business name was filed with on as file number	
3. Cancellation. The persons who filed the above assumed business name and	e certificate no longer claim an interest in disconnection disconnection description de cancel the certificate in its entirety.
4. The assumed business name is amend	ed to:
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
6. The type of business is amended to re	ad:
Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	e correspondence should be addressed
8. Name and address for this acknowledgment	copy is:
	Secretary of State use only
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	in the state of th
Signature/	Revised 04/2003
Printed Name: Michael R. Chapman	Chorpréerins aleun formations de la Chorpréerins aleun formation de la Chorpréerin de
Capacity: Corporate Attorney  (see Instruction # 9 on back of form)	
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