

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: SALMON RIVER TAXIDERMY
2. The assumed business name was filed with the Secretary of State's Office on 11/26/97 as file number D10395.
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: _____
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>RAINIM. ALLEN</u>	<u>P.O. BOX 375 LUCILE ID 83542</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>VALERIE ALLEN</u>	<u>P.O. BOX 73 Riggins, ID 83542</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ 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 |
8. ☐ The name and address to which future correspondence should be addressed is changed to read:

9. Name and address for this acknowledgment copy is:

SALMON RIVER TAXIDERMYP.O. BOX 325LUCILE, ID. 83542Signature: Seth J. AllenPrinted Name: SETH J. ALLENCapacity: OWNER

(see instruction # 10 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE04/19/2001 09:00
CK: 2068 CT: 145263 BH: 392131

1 @ 10.00 = 10.00 ASSUM AMEN # 2

g:\corpforms\labforms\amendabn.pm6
Revised 01/2001