



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2013 AUG -8 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

(Please type or print legibly. Instructions are included on the back of the application.)

1. The assumed business name is: LaBrecque Glassworks
2. The assumed business name was filed with the Secretary of State's Office on 12/14/2011 as file number D151931.
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. ☐ The assumed business name is amended to: _____
5. ☒ 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>4240 W 5250 S Victor, ID</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>83455</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<u>PO Box 225</u>
6. ☐ 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 type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☒ The name and address to which future correspondence should be addressed is changed to read:
Ben LaBrecque 4240 W 5250 S Victor, ID 83455
8. Name and address for this acknowledgment copy is:
Ben LaBrecque
4240 W 5250 S
Victor ID 83455

Signature: Ben LaBrecque

Printed Name: Ben LaBrecque

Capacity: Owner

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/08/2013 05:00
CK: 1193 CT: 158010 BH: 1385375
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D151931