

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME EFFECTIVE

(Please type or print legibly)

03 MAY 28 PM 3: 15

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: The needles Eye
2. The assumed business name was filed with the Secretary of State's Office
on 7/15/98 as file number 015914.
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>LIVIAN L. SYVERSON</u>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. ☐ 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
7. ☐ The name and address to which future correspondence should be addressed
is changed to read: _____

8. Name and address for this acknowledgment copy is:

1105 97 11th AVE NEXT.
Hamper ID 83687

Signature: _____

Printed Name: RITA DAMBERGER

Capacity: _____

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/28/2003 05:00
CK: 1722 CT: 150010 BH: 682949
1 @ 10.00 = 10.00 ASSUM AMEN # 2