CANCELLATION OR AME	NDMENT
CANCELLATION OR AME CERTIFICATE OF ASSUMED (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO	BUSINESS NAME
of the action(s) indicated below:	OALO ATE
1. The assumed business name is: Walker	Zahn Instulation
2. The assumed business name was filed with the s on $2 - 7 - 07$ as file number $210798$	Secretary of State's Office
3. Cancellation. The persons who filed the cer the above assumed business name and can	icel the certificate in its entirety.
4. The assumed business name is amended to	: U want it when Construction
5. The true names and business addresses of business under the assumed business names and business names addresses	ne are amended as follow:
Add: Delete: Name:	Address:
D P Mike ZAhn	3670 WECHODE POST FAILS I
	· · · · · · · · · · · · · · · · · · ·
6. The type of business is amended to read:	
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
7. The name and address to which future cor is changed to read:	respondence should be addressed
8. Name and address for this acknowledgment copy	is:
Colleen Walker	
3670 WECHODR	
POST FAILS Id 83854	Secretary of State use only
inted Name: <u>Colleen Walker</u>	
	IDAHO SECRETARY OF STATE
(see instruction # 9 on back of form)	04/10/2007 05 = 00 CK: 159 CT: 211972 BH: 1045818 1 8 10.60 = 10.60 ASSUM AMEN # 2
	D107981
	1/10/101