

CANCELLATION 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: MARSING CHIROPRACTIC

2. The assumed business name was filed with the Secretary of State's Office on 3/28/02 as file number D 53381.

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:

☐ ☒ JOE SACCOMAN PO BOX 1003

☒ ☐ KATHLEEN MCKAY-Tahedi PO BOX 271, MARSING

☐ ☐ _____

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: MARSING CHIROPRACTIC, PO BOX 271,
MARSING, ID 83639

8. Name and address for this acknowledgment copy is:

JOE SACCOMAN
PO BOX 1003
MARSING, ID
83639

Signature: [Signature]

Printed Name: JOE SACCOMAN

Capacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/21/2004 05:00
CK: 1419 CT: 158810 BH: 767050
1 @ 10.00 = 10.00 ASSUM AMEN # 2