

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: Ada-Can Case Management
2. The assumed business name was filed with the Secretary of State's Office on 5/24/99 as file number D26279
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:
☐	☒	<u>Josh Casten</u>	<u>1224 W. Orchard Ave.</u>
☐	☐		<u>Nampa, ID 83651</u>
☒	☐	<u>Aaron Thain</u>	<u>1224 W. Orchard Ave</u>
			<u>Nampa, ID 83651</u>

7. ☐ The type of business is amended to read: _____
- | | | |
|--|--|--|
| ☐ Retail Trade | ☐ Manufacturing | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Agriculture | ☐ Finance, Insurance, and Real Estate |
| ☐ Services | ☐ Construction | ☐ Mining |
8. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

I approve this change of ownership: _____

9. Name and address for this acknowledgment copy is:

Aaron Thain
1224 W. Orchard Ave.
Nampa, ID 83651

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

06/15/2000 09:00
CK: 315 CT: 106315 BH: 326556

1 @ 10.00 = 10.00 ASSUM AMEN # 2