

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2004 NOV 22 AM 9:10

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: Family Health Care of Post Falls
2. The assumed business name was filed with the Secretary of State's Office on 1/04/99 as file number D21654
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"/>	_____	_____
<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:

Richard R. Samuel, MD  
P.O. Box 3248  
Post Falls, ID 83877

Signature: Richard R. Samuel

Printed Name: Richard R. Samuel

Capacity: proprietor / owner

(see instruction # 9 on back of form)

Secretary of State use only

g:\corporate\forms\acknowledgment.pmd  
Revised 04/2003

D21654