CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print in	egibly) 10 FEB 11 AM 8: 34
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	AHO SECRETARY OF STATE
1. The assumed business name is: The Leather	Rose
The assumed business name was filed with on as file number	
3. Cancellation. The persons who filed the above assumed business name an	e certificate no longer claim an interest in d cancel the certificate in its entirety.
4. The assumed business name is amend	ed to:
5. The true names and business address business under the assumed business	
Add: Delete: Name: Barbara Ford Anderson	Address: 309 W 15th Ave Post Falla ID 83854
Barbara A Anderson	n n
6. The type of business is amended to re Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	e correspondence should be addressed
Barbara A Anderson	
8. Name and address for this acknowledgment	copy is:
Barbara A Anderson	
309 W 15th Ave	
Post Falls, ID 83854	Secretary of State use only
Signature: Barbara a andrison	IDAHO SECRETARY OF STATE 2/12/2010 05:00 CK: 1501 CT: 244663 BH: 1207801 1 8 18.00 assum amen \$ 2
Printed Name: Barbara A Anderson	CX: 1501 CT: 244863 RH: 1287801
(see instruction # 9 on back of form)	of the state of th