CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS MAME, (Please type or print legibly. Instructions are included on the back of the application.) AM 8: 52

(* icaso cy po of print legibly, institutions are in	One-
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, Id of the action(s) indicated below:	aho Code, the undersigned gives notice
The assumed business name is: Wild Horse Trail Chapter, NSDAR	
2. The assumed business name was filed with to on 09/21/2009 as file number d133680	he Secretary of State's Office
3. Cancellation. The persons who filed the the above assumed business name and	
4. The assumed business name is amende	d to:
5. The true names and business addresse business under the assumed business	•
Add: Delete: Name:	Address:
A State of the sta	
The type of hypiness is emended to rea	٠٠٠
6. The type of business is amended to rea	
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture	Transportation and Public Utilities Finance, Insurance, and Real Estate
Services Construction	Mining
7. The name and address to which future is changed to read:	correspondence should be addressed
Name and address for this acknowledgment of Jayna Richey	opy is:
PO BOX 59	
Bonners Ferry, ID 83805	
ignature: Susan C. Movie	Secretary of State use only
rinted Name: Susan Moore	
Capacity: Partier	
Signature:	13
Printed Name:	
Capacity:	the state of the s

abn_amend.pmd Rev.07/2010 D133680