T-472 P.002/002 F-070

CANCELLATION OR AMENDMENT OF ECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

| CERTIFICATE OF ASSUM (Please type or print | MED BUSINESS NAME 1 (15 SEP 13 PM 4: 25 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To the SECRETARY OF STATE, STATE OF I Pursuant to Section 53-507 and 53-508 of the action(s) indicated below: | DAHO SECRETARY OF STATE, Idaha Code, the understigged gives notice |
| 1. The assumed business name is: Complete | Home Care |
| The assumed business name was filed with the Secretary of State's Office on as file number | |
| 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 amer | nded 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: |
| | |
| | |
| - | |
| 6. The type of business is amended to read: | |
| Retail Trade Manufactur Wholesale Trade Agriculture Services Construction | ring Transportation and Public Utilities Finance, Insurance, and Real Estate |
| 7. The name and address to which future correspondence should be addressed is changed to read: | |
| 8. Name and address for this acknowledgmen | copy is: |
| _ Ludwig Law Cofficer | |
| 209 W Man St | |
| Brica In 83702 | Secretary of State use only |
| 3100 | Ped |
| eignature: | Diament in the control of the contro |
| Printed Name: Louise Pryor | A Parised Out (2022) |
| Capacity: Member, Advanced Services, LLC | Dimo/ |
| (See Institution # 9 or back of form) | thon |