

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED EFFECTIVE**

07 APR 16 AM 11:37

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:

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: Four Seasons Cleaning Construction
2. The assumed business name was filed with the Secretary of State's Office on 8/7/06 as file number D102500.
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: Four Seasons Construction
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:
<input type="checkbox"/>	<input 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 checked="" 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:

Sandra P. Reyes

723 Antelope Way

Cobdwell ID 83607

Signature: Sandra P. Reyes

Printed Name: Sandra P. Reyes

Capacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/16/2007 05:00  
CK: CASH CT: 158018 BH: 1047443  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 102500