

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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: NAIL WORK
2. The assumed business name was filed with the Secretary of State's Office on 09/05/02 as file number D57973.
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. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☒ The assumed business name is amended to: NAIL WORK ACADEMY
6. ☐ 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"/> | _____ | _____ |
7. ☐ 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 |
8. ☒ The name and address to which future correspondence should be addressed is changed to read:

DAVID TRAN DBA NAIL WORK ACADEMY; 1600 E SELTICE WAY, UNIT 2C, POST FALLS,ID 83854

9. Name and address for this acknowledgment copy is:

DAVID TRAN DBA NAIL WORK ACADEMY1600 E SELTICE WAY, UNIT 2CPOST FALLS, ID 83854

Signature: _____

Printed Name: DAVID TRANCapacity: OWNER

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\lab\forms\amend\bn.pmf
Revised 07/2002

IDAHO SECRETARY OF STATE
 09/16/2002 05:00
 CK: 2129 CT: 150010 BH: 400502
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D57973