



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 FEB 11 PM 2:37

 SECRETARY OF STATE
STATE OF IDAHO

(Please type or print legibly. Instructions are included on the back of the application.)

1. The assumed business name is: A MOMENT 2 RELAX
2. The assumed business name was filed with the Secretary of State's Office on 6-5-13 as file number D163693.
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: _____
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 checked="" type="checkbox"/>	<u>LESLIE JACOBS</u>	<u>413 N MIRA ST STAR ID 83669</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>LESLIE JACOBS</u>	<u>151 S ORCHARD AVE KUNA 83634</u>
<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☒ The name and address to which future correspondence should be addressed is changed to read:
151 S ORCHARD AVE KUNA ID 83634

8. Name and address for this acknowledgment copy is:

LESLIE JACOBS
151 S ORCHARD AVE
KUNA ID 83634

Signature: _____

 Printed Name: LESLIE JACOBS

 Capacity: OWNER

 Signature: *Leslie Jacobs*

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/11/2014 05:00
CK: CASH CT: 292888 BH: 1410239
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D163693