FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2005 FEB - 3 AM 9: 16

| TO STATE STATE OF IDA | HO |
|--|--|
| To the SECRETARY OF STATE, STATE OF IDAI Pursuant to Section 53-507 and 53-508, Id of the action(s) indicated below: | STATE OF ID-110 |
| 1. The assumed business name is: MOSAIC HOM | IES |
| The assumed business name was filed with t on03-21-2005 as file number | he Secretary of State's Office D85845 |
| 3. Cancellation. The persons who filed the the above assumed business name and | cancel the certificate in its entirety. |
| 4. The assumed business name is amende | ed to: |
| 5. The true names and business addresse business under the assumed business Name: | es of the entity or individuals doing name are amended as follow: Address: |
| Add: Delete: Name: | |
| | |
| | |
| | |
| 6. The type of business is amended to real Retail Trade Manufacturing Wholesale Trade Agriculture Construction | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining |
| 7. The name and address to which future correspondence should be addressed is changed to read: | |
| Name and address for this acknowledgment of VALERIE DORRIS | copy is: |
| 184 N LOST CANYON PL EAGLE ID | |
| | Secretary of State use only |
| Signature: | DAHO SECRETARY OF STATE DAHO SECRETARY O |
| Printed Name: VALERIE DORRIS | CK: 8788 CT: 196615 BH: 935775 1 0 100.00 = 100.00 ORGAN LLC # 1 0 20.00 = 20.00 EXPEDITE C # |
| Capacity: OWNER | 1 6 20.00 = 20.00 EXPEDITE C # |
| (see instruction # 9 on back of form) |) or |