

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

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

AUG 24 12 48 PM '01

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

SECRETARY OF STATE

1. The assumed business name is: BOISE NAILS ON STATE
2. The assumed business name was filed with the Secretary of State's Office on 5-15-97 as file number D 4545.
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: NAILS NAILS & PEDICURE ON STATE STREET
6. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
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<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:

NAILS & PEDICURE ON STATE STREET

9. Name and address for this acknowledgment copy is:

NAILS & PEDICURE ON STATE STREET

1015 W. STATE ST SUITE C

BOISE IDAHO 83702

Signature: Allen A. Nguyen

Printed Name: ALLEN A. NGUYEN

Capacity: _____

(see instruction # 10 on back of form)

Secretary of State use only

g:\corpforms\labrforms\amendabn.pmf
Revised 01/2001

IDAHO SECRETARY OF STATE
08/24/2001 05:00
CK: 1060 CT: 110670 BH: 415560
1 @ 10.00 = 10.00 ASSUM AMEN # 2