

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: Quality Staffing Service
2. The assumed business name was filed with the Secretary of State's Office on 3/16/1998 as file number _____
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: Quality Home Care Staffing Service
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 checked="" type="checkbox"/>	<u>Mark Sabel</u>	<u>52 N 285 E Blackfoot, ID 83221</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Tina Spears</u>	<u>1380 Jensen Pocatello ID 83201</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Mary Beck</u>	<u>1388 Paramount Pocatello ID 83201</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Quality home care staffing service, LLC</u>	<u>150 S Arthur ste 212 Pocatello ID 83204</u>

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:

9. Name and address for this acknowledgment copy is:

Quality Home Care Staffing Svc

P.O. Box 446

Pocatello, ID 83204-0446

Signature: Mary Beck

Printed Name: Mary Beck

Capacity: Partner

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

02/10/2000 09:00
CK: 600 CT: 95779 BH: 289138

1 @ 10.00 = 10.00 ASSUM AMEN # 2

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FILED/EFFECTIVE
OCT 10 4 10:32
STATE OF IDAHO