

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

JUN 8: 20
SECRETARY OF STATE
STATE OF IDAHO

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: Lighthouse Employee Emergency Fund
2. The assumed business name was filed with the Secretary of State's Office on 06/02/08 as file number D122265.
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>Deena Presnell</u>	<u>1109 N. Ella, Sandpoint ID 83864</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Debra Broehl</u>	<u>1109 N. Ella, Sandpoint ID 83864</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Patricia L. Clemons</u>	<u>1109 N. Ella, Sandpoint ID 83864</u>

6. ☐ The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input checked="" 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
7. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

8. Name and address for this acknowledgment copy is:

Katherine K. Stelzer

1109 N. Ella

Sandpoint, ID 83864

Secretary of State use only

Signature: Katherine Stelzer

Printed Name: Katherine K. Stelzer

Capacity: HR Director for Lighthouse, Inc

(see instruction # 9 on back of form)

g:\comp\forms\amendment.pmd
Revised 04/2003

IDAHO SECRETARY OF STATE
10/30/2008 05:00
CK: NO CK # CT: 231018 BH: 1142273
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D122265