CANCELLATION, CONTINUATION, OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)
#1 the SERRETARY 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: NOTURAL MOVEMENT MASSAGE THERAPY
1. The assumed business name is:
2. The assumed business name was filed with the Secretary of State's Office on $8/24/98$ as file number $D17752$.
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:
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:
□ \ Gary Pence 802 Raymond
Idaho Falls, Id. 83402
7. The type of business is amended to read:
 ☐ Retail Trade ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction ☐ Mining Transportation and Public Utilities Finance, Insurance, and Real Estate 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:
Gary Pence
650 MaTch Point Secretary of State use only
Idaho Falls Id. 83406
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Signature: Lary Pence Sary Pence Signature: Signature: Sary Pence Signature:
Printed Name: <u>Cary Pence</u>
Capacity: Owner (see instruction # 10 on back of form)
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