

FILED EFFECTIVE

228



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2015 JUN 26 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

(Please type or print legibly. Instructions are included on the back of the application.)

1. The assumed business name is: BEASLEY'S RIVER CITY AUTO
2. The assumed business name was filed with the Secretary of State's Office on 5/21/03 as file number D65614.
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: 83467
☐ ☐ MICHAEL J. CLEEVES PO Box 542 Salmon ID
☐ ☒ LISA WILSON CLEEVES PO Box 43 Salmon ID
☐ ☐ _____

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

| | | |
|--|--|--|
| <input checked="" 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"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |
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:

MICHAEL J. CLEEVES
PO Box 542
Salmon ID 83467

Signature: [Signature]
 Printed Name: MICHAEL J. CLEEVES
 Capacity: OWNER
 Signature: _____
 Printed Name: _____
 Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/26/2015 05:00

 CK:3319 CT:311777 BH:1481507
 1@ 10.00 = 10.00 ASSUM AMEN #2