CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) SECRETADING

	STATE OF STATE
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-507 and 53-50 of the action(s) indicated below:	IDAHO STATE OF DALID 8, Idaho Code, the undersigned gives notice
The assumed business name is: Sagewick Supply	
The assumed business name was filed work on as file number	
3. Cancellation. The persons who filed the above assumed business name	I the certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is ame	ended to:
5. The true names and business addr business under the assumed busin	esses of the entity or individuals doing ess name are amended as follow:
Add: Delete: Name:	Address:
6. The type of business is amended to Retail Trade Manufact Manufact Agricultu Services Construc	turing Transportation and Public Utilities re Finance, Insurance, and Real Estate tion Mining
7. The name and address to which fu is changed to read:	ture correspondence should be addressed
	<u> </u>
8. Name and address for this acknowledgme	ent copy is:
Michael M. Leavitt	
1504 Monte Vista	
Caldwell, ID 83605	Secretary of State use only
Signature: Mulus Manne	ghoopiformslahnformslahnformslahnamanti prid
Printed Name: Michael M. Leavitt	Seatmin Revises
Capacity: Proprietor	Double Complete Compl
(see instruction # 9 on back of form)	₹ .