



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2016 FEB 24 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: N2 STONES
2. The assumed business name was filed with the Secretary of State's Office on 5-1-09 as file number D130378.
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: WILLOWCREEK STUDIO
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:
- Address Change Only*
- Add: ☒ Delete: ☐ CAROLYN COMBS 1480 BUTTE SHADOW ST Emmett ID
(Name) (Address) 83617
- Add: ☐ Delete: ☐ _____
(Name) (Address)
- Add: ☐ Delete: ☐ _____
(Name) (Address)

6. ☐ The type of business is amended to:

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

7. ☒ Amend mailing address for future correspondence to:

8. Name and address for this acknowledgment copy is:

WILLOWCREEK STUDIO CAROLYN COMBS
(Name)

1480 BUTTE SHADOW ST
(Address)

Emmett ID 83617
(City) (State) (Zipcode)

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Carolyn Combs

Signature: Carolyn Combs

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/24/2016 05:00

CK:107011185061 CT:320763 BH:1515079

1@ 10.00 = 10.00 ASSUM AMEN #2

D130378