## **CANCELLATION OR AMENDMENT OF** CERTIFICATE OF ASSUMED BUSINESS NAME: 41 (Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAH Pursuant to Section 53-507 and 53-508, Ida of the action(s) indicated below:	
1. The assumed business name is: My Dentist of Id	aho
2. The assumed business name was filed with the	
3. Cancellation. The persons who filed the control the above assumed business name and control to the above assumed business name and control to the control to the above assumed business name and control to the contr	ertificate no longer claim an interest in ancel the certificate in its entirety.
4. The assumed business name is amended	to:
5. The true names and business addresses business under the assumed business na	
Add: Delete: Name: W52814	Address:
R. Nielson Dental #1, LLC	3151 17th St., Idaho Falls, ID 83404
Robert D. Nielson D.M.D, P.A.	3151 17th St., Idaho Falls, ID 83404
6. The type of business is amended to read	l:  Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate Mining
7 The name and address to which future c is changed to read:	orrespondence should be addressed
8. Name and address for this acknowledgment co	py is:
	Secretary of State use only
ignature: Robert D. Nielson	IDAHO SECRETARY OF STATE  10/23/2007 05:00  CK: 44002 CT: 121759 RH: 108183  1 0 10.00 = 10.00 ASSUM AMEN N
Capacity: member/ president	D1112.75
(see instruction # 9 on back of form)	UIII