



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2014 JUN 12 AM 9:03

 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: WHITE CROSS PHARMACY
2. The assumed business name was filed with the Secretary of State's Office on 3/22/10 as file number D 137849
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEBLAQUIERE ENTERPRISES, IN	PO BOX 510, SPIRIT LAKE ID 83869
<input type="checkbox"/>	<input type="checkbox"/>	(C116642)	
<input type="checkbox"/>	<input type="checkbox"/>		

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 checked="" 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:
DEBLAQUIERE ENT. INC., PO BOX 458, PRIEST RIVER ID 83856

8. Name and address for this acknowledgment copy is:

DEBLAQUIERE ENT. INC.PO BOX 458PRIEST RIVER ID 83856

Signature: _____

Printed Name: SHANNON MCGLASHANCapacity: SECRETARY

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/12/2014 05:00

CK: 9695 CT: 246224 BH: 1428894

1@ 10.00 = 10.00 ASSUM AMEN #6

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