CANCELLATION OR A	
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)	
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, lo of the action(s) indicated below:	AHO STATE OF IDAHO daho Code, the undersigned gives notice
1. The assumed business name is: RATED G LIF	ESTYLE
2 The assumed business name was filed with	
the above assumed business name and	
4. 🔽 The assumed business name is amend	ed to: RATED G LIFESTYLES
5. The true names and business address business under the assumed business	es of the entity or individuals doing name are amended as follow:
Add: Delete: Name:	Address:
6 The type of business is amended to re	ad:
6. C Retail Trade Manufacturi	
Wholesale Trade Agriculture	Finance, Insurance, and Real Estate Mining
7. The name and address to which future is changed to read:	e correspondence should be addressed
310 G ST IDAHO FALLS ID 83401	
8. Name and address for this acknowledgment	copy is:
	Secretary of State use only
Zan	
Signature:	
Printed Name: FERNANDO ALVAREZ	IDAHO SECRETARY OF STATE 94/16/2008 05:00 CK: 103669 CT: 172099 BH: 1110382 10 10 06 06 05:00
Capacity: OWNER	3 04/16/2008 05:00 5 CK: 103669 CT: 172099 BH: 1110382 5 18:00 19:00 CT: 172099
(see Instruction # 9 on back of form)	1 0 10.00 = 10.00 ASSUM AMEN # 2