CANCELLATION OR AMENDMENT FILED EFFECTIVE OF CERTIFICATE OF

2014 NOV -6 PM 12: 48

(Please type or print legibly, Instructions are included on the back of the application.) STATE OF IDAHO

1.	The assumed business name is: Henderson Fa	mily Chiropractic	
3.	Cancellation. The persons who filed the the above assumed business name and	certificate no longer claim an interest in cancel the certificate in its entirety.	
4.	The assumed business name is amende	d to:	
5.	The true names and business addresse business under the assumed business		
	Add: Delete: Name:	Address:	
6. The type of business is amended to read: Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Mining Services Construction Finance, Insurance, and Real Estate 7. The name and address to which future correspondence should be addressed is changed to read: 8. Name and address for this acknowledgment copy is: Spencer Henderson D.C. PO Box 517			
	Meridian, ID 83680		
Signatu		Secretary of State use only	
	Name: Spencer Henderson D.C.		
•	ty: Owner		
•	ure:		
Printed Capacit	Name:	110000	
Vapacii	ity	1)124922	