CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME, (Please type or print legibly)

To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-507 and 53-508 of the action(s) indicated below:	IDAHO 3, Idaho Code, the undersigned gives notice
1. The assumed business name is: SOUTHER	RN IDAHO THERAPY SERVICES
The assumed business name was filed wi onAPRIL 23, 1998 as file number	
	the certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is amer	nded to:
5. The true names and business addre business under the assumed busine	esses of the entity or individuals doing ess name are amended as follow:
Add: Delete: Name:	Address:
6. The type of business is amended to	read:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	ire correspondence should be addressed
8. Name and address for this acknowledgmen	it copy is:
P.O. BOX 248	
BURLEY, ID 83318	Secretary of State use only
	рша
Signature: A COLC	IDAHO SECRETARY OF STATE ### STATE ### OB / 1 4 / 2006
Printed Name: SCOTT R. BLOXHAM	TDAHO SECRETARY DE STATE
Capacity: PRESIDENT OF MEMBER	IDAHO SECRETARY OF STATE 8 08/14/2006 05:00 CK: 9636 CT: 93701 BH: 970008
(see instruction # 9 on back of form)	1 0 30.00 = 30.00 ORGAN AMEN

(see instruction # 9 on back of form)