



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 FEB 14 AM 9:02

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Lakeside Eye Care
2. The assumed business name was filed with the Secretary of State's Office on 06-21-2013 as file number D164042
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 type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. ☐ The type of business is amended to read:

<input 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 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:

Julie B. Gagnon, OD: 710 W. Superior, Ste. A, Sandpoint, Idaho 83864
8. Name and address for this acknowledgment copy is:

Julie B. Gagnon, OD

710 W. Superior, Ste. A

Sandpoint, Idaho 83864

Signature: *Julie B. Gagnon, OD*

Printed Name: Julie B. Gagnon, OD

Capacity: President of Sandpoint Eyes, PA

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

D164042