



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 JAN 17 PM 2:15

**SECRETARY OF STATE
STATE OF IDAHO**

1. The assumed business name is: Life Care Center of Sandpoint
2. The assumed business name was filed with the Secretary of State's Office
on 07/09/1997 as file number D6160
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 follows:

Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> <u>Sandpoint Medical</u> <u>Investors Limited Partnership</u> <u>(L3187)</u>	(Name) (Address)
Add: <input type="checkbox"/> Delete: <input type="checkbox"/> <u>3570 Keith Street, NW, Cleveland, TN 37312</u>	(Address)
Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/> <u>Sandpoint Medical</u> <u>Investors, LLC, 3570 Keith Street, NW, Cleveland, TN</u> <u>37312</u>	(Name) (Address)
6. ☐ The type of business is amended to:

<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. ☐ Amend mailing address for future correspondence to:
8. Name and address for this acknowledgment copy is:

(Name)

(Address)

Joan E. Thurmond

(Name)

3570 Keith Street, NW

(Address)

Cleveland, TN 37312

(City) (State) (Zip)

Sandpoint Medical Investors, LLC
By: Developers Investment Company, Inc., corporate manager
Printed Name: Joan E. Thurmond, Assistant Secretary

Signature: Joan E. Thurmond

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/17/2017 05:00

CK: PREPAID CT: 1157 BH: 1564230
1@ 10.00 = 10.00 ASSUM AMEN #2

Delleo