FILED EFFECTIV

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below: 1. The assumed business name is: Performance Associates 2. The assumed business name was filed with the Secretary of State's Office ____ as file number 5 22353 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. 3. | \ The assumed business name is amended to: ___ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow: 5. Address: Name: Delete: Add: П П The type of business is amended to read: Transportation and Public Utilities 6. Manufacturing Finance, Insurance, and Real Estate Retail Trade Agriculture Wholesale Trade Mining Construction The name and address to which future correspondence should be addressed 7. 🚺 is changed to read: Kacey L. Wall, 702 North Fourth Street, Coeur d'Alene, Idaho 83814 8. Name and address for this acknowledgment copy is: Michael G. Rice Secretary of State use only 6711 E. Seltice Way Post Falls, Idaho 83854 Printed Name: Michael G. Rice Capacity: Owner/President

(see instruction # 9 on back of form)