

CANCELLATION, CONTINUATION, 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:

FILED
00 NOV 17 AM 10:13
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Utopia Salon
2. The assumed business name was filed with the Secretary of State's Office on 10/11/00 as file number D39740
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. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: _____
6. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

| Add: | Delete: | Name: | Address: |
|--------------------------|-------------------------------------|---------------------|-----------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Lori Clayton</u> | <u>Utopia Salon 640 3rd St E.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | <u>Hansen, Id.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | <u>83334</u> |
7. ☐ 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"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |
8. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

9. Name and address for this acknowledgment copy is:

Corrie Orr
525 Adams
Kimberly E.D. 83341

Signature: Lori L. ClaytonPrinted Name: Lori L. ClaytonCapacity: Stylist/Leasee

(see instruction # 4 on back of form)

Secretary of State use only

Revision 2/99
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