



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2015 APR 29 PM 12:47

(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: Buttercup Soaps
2. The assumed business name was filed with the Secretary of State's Office on 4-9-2007 as file number D110235
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:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Lisa E. Wright</u>	<u>17670 Batt Corner Rd. Wilder Id.</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Hank Ollis Wright</u>	<u>'same as above'</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. ☐ The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input checked="" 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: _____

8. Name and address for this acknowledgment copy is:

Lisa E. Wright
17670 Batt Corner Rd.
Wilder Id. 83676

Signature: Lisa E. Wright
Printed Name: Lisa E. Wright
Capacity: Manager
Signature: _____
Printed Name: _____
Capacity: _____

Secretary of State use only

D110235