

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME-I A 9 06

(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: BOOK NOOK PLUS

2. The assumed business name was filed with the Secretary of State's Office on 07-01-2003 as file number D66752.

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 type="checkbox"/>	<u>NORENE THORNE</u>	<u>705 12TH AVE RD NAMPA, ID 83686</u>
<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"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

7. ☒ The name and address to which future correspondence should be addressed is changed to read:

NORENE THORNE 705 12TH AVE RD NAMPA, ID 83686

8. Name and address for this acknowledgment copy is:

FARMERS & MERCHANTS STATE BANK

1513 S. 12TH AVE RD

NAMPA, ID 83686

Signature: _____

Printed Name: NORENE THORNE

Capacity: OWNER

(see instruction # 9 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/01/2003 05:00
CK: 84898 CT: 158818 BH: 694122
1 @ 10.00 = 10.00 ASSUM AMEN # 2