

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUI	MED BOSINESS	INAIVIE
To the SECRETARY OF STATE, STATE OF II Pursuant to Section 53-507 and 53-508		ned gives notice
of the action(s) indicated below:	1 . 0	
1. The assumed business name is: Home	on the lang	<u>e</u>
2. The assumed business name was filed wit on <u>Jan. 2, 1997</u> as file number <u>0.5</u>		Office
3. Cancellation. The persons who filed to the above assumed business name a		
 Continuation. The persons who filed to assumed business name for another the lapse date). 		
5. Amendment (check one or more of the boxes bel	ow);	;
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a.	•	_
Name:	Address:	Add: Delete:
		ПП
		U U'
		_
b. The type of business is amended	to read:	
(categories on reverse)		
c. The name and address to which of changed to read:	correspondence should be	addressed is
Signed Christini Cunningham	Customer#	31 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×
By <u>Co-owner</u>)	Secretary of	State use only N
Capacity	86/01	0 2
	Revision 10/96	9
-Submit form and \$10.00 fee to:		7
Secretary of State 700 West Jefferson PO Box 83720	corpVorms\abnchag pm6	i !
Boise ID 83720-0080	ا ا	