

**CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME**

08RDV19 AM 9-09

To the SECRETARY OF STATE, STATE OF IDAHO

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: Designs With Flair Home Services
2. The assumed business name was filed with the Secretary of State's Office on 8-05-2003 as file number D 67701
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"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Three horizontal black lines are positioned at different heights on a white background. The top line is the longest, the middle line is shorter, and the bottom line is the shortest. They are evenly spaced vertically.

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:

8. Name and address for this acknowledgment copy is:

Serda L. Chayzman

906 E. Echo Bay Dr.

Harrison ID 83833

Signature: Sherdy F. Chapman

Printed Name: GERDA L. CHAPMAN

Capacity: Owner/manager

(see instruction # 9 on back of form)

Secretary of State use only

D67701