

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

07 FEB -9 PM 3:04

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:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: North End Painting Company
2. The assumed business name was filed with the Secretary of State's Office on 03/11/2004 as file number D74087.
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>Wyatt Sarsky</u>	<u>1721 N. 22nd St 83702</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 checked="" 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:

Alex T Blake 4007 Hoover St. 83705

8. Name and address for this acknowledgment copy is:

Signature: Blk

Printed Name: Alex Blake

Capacity: Owner/Operator

(see instruction # 9 on back of form)

Secretary of State use only

g:\apps\forms\forms\formamend.lpm
Revised 04/2003

IDAHO SECRETARY OF STATE
02/09/2007 05:00
CK: CASH CT: 158010 BH: 1032055
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D74087