<u> </u>				FILED FEEDOMAN
		TION OR A		
CERTIFICA	TE C	FASSUM	ED BUS	INESS NAMET PH 4: 42
(Please type or p	print legit	ly. Instructions are i	ncluded on th	p back of the application.)
To the SECRETARY OF	STATE	STATE OF ID	, I	STATE OF BAHO
	1	1.*		, the undersigned gives notice
of the action(s) ind				
1. The assumed busine	ss nam	e is: WHITE CRO	SS PHARMA	lcv
 The assumed busine on <u>3/22/10</u> 		e was filed with number D137849		ary of State's Office
				no longer claim an interest in certificate in its entirety.
4. The assumed b	usiness	name is amend	ed to:	
den				ntity or individuals doing amended as follow:
Add: Delete:		Name:		Address:
			1319	HWY 2 STE A, SANDPOINT 83884
		_	1205	WY 2 #102, SANDPOINT 83864
6. The type of bus	iness i	s amended to re	ad:	
Retail Trade	_	Manufacturir		nsportation and Public Utilities
Wholesale T ✓ Services	rade (= 1	ance, Insurance, and Real Estate ning
	1	s to which future	correspon	dence should be addressed
is changed to r				
PO BOX 458, PR				
 Name and address for SHANNON MCGLASHA 		knowledgment o	copy is:	·
PO BOX 458				·
PRIEST RIVER_IQ 8388	6			
Signature:	Sm			Secretary of State use only
Printed Name: SHANNON MC	GLASHA	ν		
Capacity: SECRETARY				
Signature:				IDAHO SECRETARY OF STATE
Printed Name:				02/18/2011 05:00 CK: 609831 CT: 172099 BH: 1260801
Capacity:				1 9 10.00 = 10.00 ASSUM AMEN # 2
		abruamend.pmd Rev. 07/2010		

D137849