CANCELLATION, CONTINUATION, OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS ALAMENTE
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: FUNCTIONAL HEAVING CENTER
2. The assumed business name was filed with the Secretary of State's Office on \(\frac{12/7/200/}{200}\) as file number \(\frac{\mathcal{D50363}}{\tag{50363}}\).
 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. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. The assumed business name is amended to: THE FUNCTIONALHEALING
6. 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:
7. The type of business is amended to read:
 ☐ Retail Trade ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction ☐ Mining
8. The name and address to which future correspondence should be addressed is changed to read:
P.O.BOX 7411 Boise Idaho 83707-7411
9. Name and address for this acknowledgment copy is:
P.O. Box 7411
Boise Idaha 83707-74// Secretary of State use only
ignature: <u>Uickie T. Ciaria</u> rinted Name: <u>Vickie I. Craia</u> capacity: <u>Nwner - Operator</u> (see instruction #10 on back of form) The formula because of form) The formula because of form is a second of the control
(see instruction #10 on back of form)

(see instruction # 10 on back of form)