

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

(Please type or print legibly)

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: Castle Nursery & Landscape
2. The assumed business name was filed with the Secretary of State's Office on 06 DEC 1999 as file number D31282.
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. ☐ 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: _____
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:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>RONALD B CASTLE</u>	<u>709 DESERT WIND Rd., Boise, ID 83716</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ROSANNA K. CASTLE</u>	<u>709 DESERT WIND Rd., Boise, ID 83716</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>CASTLE SHOP & CONSTRUCTION, INC.</u>	<u>711 DESERT WIND Rd., Boise, ID 83716</u>

7. ☐ The type of business is amended to read:

<input checked="" 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
8. ☒ The name and address to which future correspondence should be addressed is changed to read:

711 DESERT WIND Rd., Boise, IDAHO 83716

9. Name and address for this acknowledgment copy is:

Signature: _____

Printed Name: _____

Capacity: OWNER

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\info\forms\amend.htm.pmf
Revised 01/2001

IDAHO SECRETARY OF STATE
02/14/2002 05:00
CK: CASH CT: 157365 BH: 446488
1 @ 10.00 = 10.00 ASSUM AMEN # 3