

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:

FILED
00 JAN 12 AM 10:25
STATE OF IDAHO

1. The assumed business name is: YOU HAVE CHOICES!!
2. The assumed business name was filed with the Secretary of State's Office on 8-14-98 as file number D17458.
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>William Paul & Cara Lynette (BTH) MCENANY Jr.</u>	<u>6740 SPORTSMANS PARK DR. HAYDEN, ID 83835</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>William Paul & Cara Lynette (BTH) & Cara MCENANY</u>	<u>P.O. Box 1032, HAYDEN, ID 83835-1032</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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 checked="" 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:

Bill & Cara MCENANY P.O. Box 1032, HAYDEN, ID. 83835-1032

9. Name and address for this acknowledgment copy is:

Same As # 8

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 4 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE01/12/2000 09:00
CK: 1406 CT: 102724 BH: 200923

1 @ 10.00 = 10.00 ASSUM AMEN # 2