

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: The Learning Center
2. The assumed business name was filed with the Secretary of State's Office on May 14, 2001 as file number D45278.
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>Madelen Rowe & Randolph Rowe</u>	<u>417 N. Fourth Avenue Sandpoint, ID 83864</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>The Learning Center, Inc.</u>	<u>417 N. Fourth Avenue Sandpoint, ID 83864</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>C141734</u>	_____

7. ☐ 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 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: _____

9. Name and address for this acknowledgment copy is:

John A. Finney, Attorney at Law
Finney & Finney, P.A.
120 E. Lake Street, Suite 317

Sandpoint, ID 83864

Signature: [Signature]

Printed Name: S.M. Rowe

Capacity: Indiv./Incorporator

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
 12/14/2001 05:00
 CK: 7422 CT: 38773 BH: 434648
 1 @ 10.00 = 10.00 ASSUM AMEN # 3

D45278