

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

09 JUL 24 AM 9:10

To the SECRETARY OF STATE, STATE OF IDAHO

SECRETARY OF STATE

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

STATE OF IDAHO

1. The assumed business name is: La Cabana
2. The assumed business name was filed with the Secretary of State's Office on 2/3/05 as file number D84073.
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. ☐ The assumed business name is amended to: \_\_\_\_\_
5. ☒ 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: (C134300)

Address:

- |                                     |                                     |  |                           |                                 |
|-------------------------------------|-------------------------------------|--|---------------------------|---------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>DOSAMIGOS Mexican Restaurant Inc.</u> | <u>12119 E Trent Ave</u>  | <u>Spokane Valley, WA 99206</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>La Capilla LLC</u>                    | <u>604 E Settler Way,</u> | <u>Post Falls, ID 83854</u>     |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <u>W75230</u>                            |                           |                                 |

6. ☐ 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                              |

7. ☐ The name and address to which future correspondence should be addressed is changed to read: \_\_\_\_\_

8. Name and address for this acknowledgment copy is:

Felix Cabrera  
604 E. Settler Way  
Post Falls, ID 83854

Signature: Felix CabreraPrinted Name: FELIX CABRERACapacity: MANAGER

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
 07/24/2009 05:00  
 CK: 154776 CT: 158818 BH: 1188194  
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

g:\corp\forms\form\assumedname\amend.pmd  
Revised 04/2003