

FILED EFFECTIVE 11 FEB -4 AM 8:40
 SECRETARY OF STATE
 STATE OF IDAHO

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

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: ZALA MEDICAL
2. The assumed business name was filed with the Secretary of State's Office on 9-15-08 as file number D124829
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:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	North Idaho Vein & Aesthetics LLC (W77706)	1859 N. Lakewood Dr., #304 Coeur d'Alene, ID 83814
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Briana McLauchlin	1859 N. Lakewood Dr., #304 Coeur d'Alene, ID 83814
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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:
Briana McLauchlin, 1859 N. Lakewood Dr., #304, Coeur d'Alene, ID 83814

8. Name and address for this acknowledgment copy is:

John F. Magnuson

P.O. Box 2350

Coeur d'Alene, ID 83816

Signature: _____

Printed Name: Jeanne McNulty-King

Capacity: Manager

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 02/04/2011 05:00
 CK: 21411 CT: 74450 BH: 1258563
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D124829