

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: TAG-ALONGS
2. The assumed business name was filed with the Secretary of State's Office on Jan. 22, 1999 as file number D22303
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: VAL/CO.
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 type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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:

Valorie Clifford
1451 N. Santa Rosa
Meridian, ID 83642

Signature: Valorie CliffordPrinted Name: Valorie Clifford

Capacity: _____

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

07/21/1999 09:00
CK: CASH CT: 110035 IN: 235630

1 @ 10.00 = 10.00 ASSUM AMEN # 2

Revision 2/89
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