



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2016 JAN -7 AM 11:36
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: FREDRIKSEN HEALTH INSURANCE
2. The assumed business name was filed with the Secretary of State's Office on 3-8-1999 as file number D23855
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 follows:

Add: ☐ Delete: ☒ FREDRIKSEN HEALTH INSURANCE LLC 5240 FAIRVIEW AVE BOISE ID 83706
(Name) (W113185) (Address)

Add: ☒ Delete: ☐ FREDRIKSEN BROWN 5240 FAIRVIEW AVE BOISE ID 83706
(Name) (W160617) (Address) INSURANCE LLC

Add: ☐ Delete: ☐ _____
(Name) (Address)

6. ☐ The type of business is amended to:

<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☐ Amend mailing address for future correspondence to:

(Name) _____
(Address) _____
(City) _____ (State) _____ (Zipcode) _____

8. Name and address for this acknowledgment copy is:

STEVE FREDRIKSEN
(Name) _____
5240 FAIRVIEW AVE
(Address) _____
BOISE ID 83706
(City) _____ (State) _____ (Zipcode) _____

Printed Name: STEVE FREDRIKSEN

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/07/2016 05:00
CK: CASH CT: 112228 BH: 1507483
1@ 10.00 = 10.00 ASSUM AMEN #2

D23855