

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: Shakes Alive
- 2. The assumed business name was filed with the Secretary of State's Office on Feb 27, 1997 as file number D1576.
- 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>HARVEY R. BLANK</u> | <u>1140 S. Colorado Blvd</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Nora L Maylin</u> | <u>9117 W. HAISTEAD DR</u> |
| <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:

9117 W HAISTEAD DR
Boise Ida 83704

Nora L Maylin

Signature: Nora L Maylin

Printed Name: NORA L. MAYLIN

Capacity: _____

(see instruction # 10 on back of form)

FILED/EFFECTIVE

Secretary of State use only
IDAHO SECRETARY OF STATE

05/23/2001 09:00
CK: CASH CT: 119545 BH: 398928

1 @ 10.00 = 10.00 ASSUM AMEN # 2

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Revised 01/2001