CANCELLATION, CONTINUATION, OR AMENDMENT OF	
CERTIFICATE OF ASSUMED BUSINESS NAME	
To Alex OCCORTANA A STATE OF THE PRINT TO ST	
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: Lost River Camily Chirograchies	
2. The assumed business name was filed with the Courses with the	
as tile number <u>03/738</u>	
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 t	he certificate continue use of the above years (may be filed up to 6 months prior to
5. The assumed business name is amend	ded to: Moss Chiropractic
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:
7. The type of business is amended to re	ead:
Retail Trade Manufacturii	ng Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture	Finance, Insurance, and Real Estate
Services Construction  8. The name and address to which future	■ Mining
8. The name and address to which future correspondence should be addressed is changed to read:	
9. Name and address for this acknowledgment	
9. Name and address for this acknowledgment of	copy is:
	Secretary of State use only
- Janal	
Signatura	
Signature: 2019/	IDAHO SECRETARY OF STATE
Printed Name: Hary 1 A. Moss	10/27/2000 09:00
Capacity: Sole Proprietor  (see instruction # 4 on back of form)	01.55
(esc manucion # 4 on blick of form)	1 8 18.88 = 18.86 ASSUM AMEN N 2