



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 DEC 18 AM 10:27

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Pocatello Women's Health Clinic
 2. The assumed business name was filed with the Secretary of State's Office on 8/27/1997 as file number D7586
 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: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> <u>CDS, PA (124321)</u> <small>(Name)</small>	500 S. 11th, suite 46, Pocatello, ID <small>(Address)</small>
Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/> <u>BMH, Inc. (C167600)</u> <small>(Name)</small>	98 Poplar St., Blackfoot, ID 83221 <small>(Address)</small>
Add: <input type="checkbox"/> Delete: <input type="checkbox"/> _____ <small>(Name)</small>	_____ <small>(Address)</small>
 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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
 7. ☐ Amend mailing address for future correspondence to:

<u>BMH, Inc. ATTN: CEO</u> <small>(Name)</small>		
<u>98 Poplar Street</u> <small>(Address)</small>		
<u>Blackfoot, ID 83221</u> <small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>
 8. Name and address for this acknowledgment copy is:

<u>BMH, Inc. ATTN: Assistant Administrator</u> <small>(Name)</small>		
<u>98 Poplar Street</u> <small>(Address)</small>		
<u>Blackfoot, ID 83221</u> <small>(City)</small>	<small>(State)</small>	<small>(Zipcode)</small>
- Printed Name: Kim Cox
Signature: _____
Printed Name: Jake Erickson
Signature: _____
Printed Name: _____
Signature: _____

Rev. 06/2016

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2017 05:00

CK:15775106 CT:172099 BH:1617057
1@ 10.00 = 10.00 ASSUM AMEN #2

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