



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2014 OCT 16 AM 8:43

(Please type or print legibly. Instructions are included on the back of the application.)

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Alpine Heights Dentistry
2. The assumed business name was filed with the Secretary of State's Office on 10/29/2001 as file number D49406.
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 follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Jeff Davis</u>	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>TRAVIS ROYCE</u>	<u>2015 N. Locust Grove Rd Meridian, ID 83646</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. ☐ 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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

8. Name and address for this acknowledgment copy is:

Alpine Heights Dentistry
2015 N. Locust Grove Rd
Meridian, ID 83646

Signature: [Signature]

Printed Name: TRAVIS ROYCE

Capacity: OWNER

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/16/2014 05:00
CK:1583 CT:267258 BH:1445373
1@ 10.00 = 10.00 ASSUM AMEN #2

D49406