## CANCELLATION OR AMENDMENT PE EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.) AM 8: 48

To the	Pursuar	nt to S	OF STATE, STATE ection 53-507 and 5 indicated below:		SE Code, the under	C Y OF STATE Signed Gives Hotice	
1. Th	he assum	ned bu	siness name is: IDA	- DOME			
			isiness name was fil as file number <sup>[</sup>		Secretary of State	e's Office	
3.	-		n. The persons who ssumed business na		<del>-</del>		
4.	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:							
i	Add: D	elete:	Name:			Address:	
		Ø	Alex Humphries		5269 Silver Spur	Borse Id 83709	
	Ø		Sally Humphries	· <u> </u>	5269 Silver Spur	Base le 83709	
					***************************************		
6. The type of business is amended to read:  Retail Trade							
8. Na <u>ID</u>	is characteristics is characteristics in the condition of	anged addre	to read:				
	269 Silver	<del>.</del>		<del></del>		·	
Signature:	oise, ID 83	109 15	4		Secretar	y of State use only	
Printed Na	ame: Sali	y Hump	ohries				
Capacity: Owner / Surviving Spouse				_	IDAHO SECRETARY OF STATE 04/14/2011 05:00		
Signature:					CK: 249 1 0 18.88	CT: 257792 BH: 1269264	
Printed Name:					• • • • • • • • • • • • • • • • • • • •		
Capacity:					1) 7	7195	