

FILED EFFECTIVE

228

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2009 JUL -6 PM 3:23

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:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Sta-Well Health Food Store.
2. The assumed business name was filed with the Secretary of State's Office on 12-9-05 as file number D94344.
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:

☐☒Experienced Furniture, LLC786 College Dr., Twin Falls, ID 83301☒☐Mary Ordway1449 Bitterroot Dr., Twin Falls, ID 83301☒☐Kevin Ordway1449 Bitterroot Dr., Twin Falls, ID 83301

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"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
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:

Sta-Well Health Food Store1583 Fillmore St., Unit 1BTwin Falls, ID 83301

Secretary of State use only

Signature: Wesley BowmanPrinted Name: Wesley BowmanCapacity: Owner

(see instruction # 9 on back of form)

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 modified 04/2005

IDAHO SECRETARY OF STATE
 07/06/2009 05:00
 CK: 276765 CT: 172099 BH: 1177783
 18 10.00 = 10.00 ASSUM ANEN # 2

D94344