

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.) 10 SEP 29 AM 8:38

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned ~~STATE OF IDAHO~~ SECRETARY OF STATE
of the action(s) indicated below:

1. The assumed business name is: Twice Timbers
2. The assumed business name was filed with the Secretary of State's Office on October 2, 2006 as file number D104318
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: Twice Timbers Reclaim
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>Matthew Ward, Inc (CUA081)</u>	<u>8 Frazier Creek, Garden Valley, ID, 83622</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Idaho Historic Lumber LLC</u>	<u>2479 N Maple Grove, Boise, ID, 83704</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>N 96861</u>	

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 checked="" 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:
Twice Timbers Reclaim, PO Box 45427, Boise, Idaho, 83711

8. Name and address for this acknowledgment copy is:

Twice Timbers Reclaim

PO Box 45427

Boise, Idaho, 83711

Signature: [Signature]

Printed Name: Matthew Ward

Capacity: Managing Member

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/01/2010 05:00
CK: 1099 CT: 235943 BH: 1241313
1 @ 10.00 = 10.00 ASSUM AMEN # 3