CANCELLATION OR AMENDMENT FILED EFFECTIVE OF CERTIFICATE OF **ASSUMED BUSINESS NAME**

2013 NOV 21 AM 9: 0

(CEE)	Please type or print legi	bly. Instructions are included on	the back of the application.)	SECRETAL TOF STATE STATE OF IDAMO
1.	The assumed bus	iness name is: M and M En	terprise	OTATE OF IDAMO
2.	The assumed bus	iness name was filed with	the Secretary of State's	s Office
3.		The persons who filed the sumed business name ar	_	
4.	The assume	d business name is amend	led to:	
5 .		mes and business addresder the assumed busines	•	-
	Add: Delete:	Name:		Address:
	0 0.		 	
				······································
6. 7.	Retail Tra Wholesal Services		ing	and Public Utilities ance, and Real Estate ld be addressed
	is changed	to read:		
8.	Name and address for this acknowledgment copy is: Michelle Squires			
	1150 N Gray Cloud Way			
	Meridian ID 83642	`		
	ure: <i>Muchalla</i> d Name: Michelle Squ		Secretary	of State use only
	ity: Owner			
Signat	ture:			
Printed Name:			D11321	5
Capac	city:		1 111121	\mathcal{I}