CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I	AHO daho Code, the undersimped attract paties
of the action(s) indicated below:	dano code, the undersigned gives notice
1. The assumed business name is: MINI	CASSIA MEDICAL
2. The assumed business name was filed with the Secretary of State's Office on 05 Jul 2000 as file number 037 62	
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. The assumed business name is amonded to the certificate of the certificate of the certificate in its entirety.	
4. The assumed business name is amende	ed to: OF NATUROFATHY
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: COLLEGE OF NATUROPATH: MEDICINE AND SURGERY (C162005)	Address: EAST JUNG TWIN FALLS, ID 83301
6. The type of business is amended to read:	
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
7. The name and address to which future correspondence should be addressed is changed to read:	
CNMS, INC: 1443 ANNY DRIVE EAST . TWIN FALLS, ID 83301	
8. Name and address for this acknowledgment copy is:	
LAURENCE V. HICKS	
1443 ANNY DR. EAST	
TWIN FALLS ID 82301	Secretary of State use only
Signature: LAURENCE V. HICKS Capacity: OWNER (see instruction # 9 on back of form)	
Printed Name: LAURENCE V. HICKS	IDAHO SECRETARY OF STATE 19/14/2005 05:00
Capacity: OWNER Instrument	CK: 1583 CT: 189543 BH: 916936 1 @ 10.00 = 10.00 ASSUM AMEN # 2
(see instruction # 9 on back of form)	· · · · · · · · · · · · · · · · · · ·
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