

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

03 SEP 22 AM 11:19

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:

1. The assumed business name is: Heavens Best Carpet Upholstery Cleaning
2. The assumed business name was filed with the Secretary of State's Office on 8/28/1998 as file number D 17802.
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:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Blaine & Raquel Jex</u>	<u>3110 Jeffers on Parkway</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Robert, Rossiter</u>	<u>Caldwell, Id. 83605</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Castle Stevenson</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Tiffany & Ryan Christensen</u>	<u>3514 S. Florida</u>
			<u>Caldwell, Id. 83605</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 type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" 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:

Tiffany & Ryan Christensen 3514 S. Florida
Caldwell, Id. 83605

8. Name and address for this acknowledgment copy is:

Tiffany & Ryan Christensen
3514 S. Florida
Caldwell, Id. 83605

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
09/23/2003 05:00
CK: CASH CT: 150010 BH: 702990
1 @ 10.00 = 10.00 ASSUM ANEN # 2

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Revised 04/2003