

FILED-EFFECTIVE

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

 CO-AD, INC. PM 12:14  
 SECRETARY OF STATE  
 STATE OF IDAHO

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: Co-Ad, Inc.
2. The assumed business name was filed with the Secretary of State's Office on July 16, 2004 as file number D 78266.
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>Comprehensive Advocacy, Inc.</u>	<u>4477 Emerald St., Ste. B-100, Boise, ID 83705</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Disability Rights Idaho, Inc.</u>	<u>4477 Emerald St., Ste. B-100, Boise, ID 83705</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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:

Disability Rights Idaho, Inc., 4477 Emerald Street, Suite B-100, Boise, Idaho 83705

8. Name and address for this acknowledgment copy is:

Same  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: James R. BaughCapacity: Executive Director

(see instruction # 9 on back of form)

Secretary of State use only

 g:\copy\forms\id\forms\amend\amend.Lprn  
 Revised 04/2003

 IDAHO SECRETARY OF STATE  
 06/24/2009 05:00  
 CK: CASH CT: 238303 BH: 1176209  
 1 @ 18.00 = 18.00 ASSUM AMEN # 4

D 78266