CANCELLATION OR AMENDMENTED FFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.)

To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, Id of the action(s) indicated below:	HO laho Code, the undersigned gives notice
1. The assumed business name is: Northwest Ass	sessment Services
2. The assumed business name was filed with t on 7/23/2004 as file number D78456	he Secretary of State's Office
3. Cancellation. The persons who filed the the above assumed business name and	certificate no longer claim an interest in cancel the certificate in its entirety.
4. The assumed business name is amende	d to:
5. The true names and business addresse business under the assumed business in	es of the entity or individuals doing name are amended as follow:
Add: Delete: Name:	Address:
	PARTIE
6. The type of business is amended to rea	q.
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction 7. The name and address to which future is changed to read:	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
8. Name and address for this acknowledgment co	ppy is:
PO Box 335	
Deary ID 83823	Secretary of State use only
Signature: Warthan	
Printed Name: Alane F. Watkins	
Capacity: Owner	D nau z
Signature:	1)'18456
Printed Name:	
Capacity:	