CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINES SNAMEFFECTIVE

(Please type or print legibly. Instructions are included on the back of the application.)

	2012 OCT -9 AM 10: 55
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, Id of the action(s) indicated below:	laho Code, the undersigned gives hetice
1. The assumed business name is: <u> </u>	A'S TRANSPORTATION
2. The assumed business name was filed with to on 08 /20/2009 as file number	
3. Cancellation. The persons who filed the the above assumed business name and	<u> </u>
4. The assumed business name is amende	d to:
5. The true names and business addresse business under the assumed business	name are amended as follow:
Add: Delete: Name:	Address:
	- THOS COLEHAVEN AVE BUISC
ro/ 🗆	4409 COLEHAVEN AVE BOISE, 837
<u> </u>	
6. The type of business is amended to read:	
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
7. The name and address to which future correspondence should be addressed	
is changed to read: 4421 W MAX WELL DR , BOISE, 10 83404	
8. Name and address for this acknowledgment copy is:	
	·
	Secretary of State use only
Signature:	·
Printed Name: ROALCA GHIMBAJAIXLE	
Capacity: OWNER	TOANG DESCRIPTION OF STATE
Signature:	IDAHO SECRETARY OF STATE 10/10/2012 05:00 CV. CASH CT. 275180 8N: 1343846
Printed Name:	1 2 10.00 = 10.00 ASSUM AMEN # 2
Capacity:	D122002
abn_amend.pmd Rev.07/2010	1) 33003