

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

JAN 9: 05

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: Abandon Your Aches Massage
2. The assumed business name was filed with the Secretary of State's Office on 12/30/2004 as file number D82991
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Laura Moog</u>	<u>1034 N. 3rd St, Ste 5B, Cda, ID, 83814</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Laura Evenson</u>	<u>1410 Lincoln Way, Ste 200, Cda, ID 83814</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 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:  
Laura Moog, 1034 N. 3rd St, Ste 5B, Coeur d' Alene, ID 83814

8. Name and address for this acknowledgment copy is:

Laura Moog  
1034 N. 3rd St, Ste 5B  
Coeur d' Alene, ID 83814

Signature: *Laura Moog*  
 Printed Name: Laura Moog  
 Capacity: Owner  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 08/26/2010 05:00  
 CK: 5165 CT: 150010 RH: 1236306  
 1 @ 10.00 = 10.00 ASSUM AMEN # 2