

FILED EFFECTIVE

228

**CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME**

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

2000 AM 11:27
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: Grover's All Wheels, A Partnership
2. The assumed business name was filed with the Secretary of State's Office
on July 14, 1997 as file number D6291
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:

| <u>Add:</u> | <u>Delete:</u> | <u>Name:</u> | <u>Address:</u> |
|--------------------------|--------------------------|--------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <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:

8. Name and address for this acknowledgment copy is:

William R. Grover
4140 East 645 North
Rigby, Idaho 83442

Secretary of State use only

Signature: William R. GroverPrinted Name: William R. GroverCapacity: Individual

Signature: _____

Printed Name: _____

Capacity: _____