

FILED EFFECTIVE

09 DEC 7 PM 12:45

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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: LEFT OVERS THRIFT STORE
2. The assumed business name was filed with the Secretary of State's Office on 7-13-09 as file number D132149.
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 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:

502 E SELTICE WAY POST FALLS, ID
83854

8. Name and address for this acknowledgment copy is:

LEFT OVERS THRIFT STORE
502 E SELTICE WAY
POST FALLS, ID. 83854

Signature: Tami Frasier

Printed Name: Tami Frasier

Capacity: Owner/Operator

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
12/07/2009 05:00
CK: 1015 CT: 150010 BH: 1190116
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D132149