FILED EFFECTIVE

2014 OCT -8 AM 8:36
SECRETARY OF STATE
STATE OF IDAHO

228

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

1. The assumed business name is: Four Rivers Mental Health
2. The assumed business name was filed with the Secretary of State's Office on 10/06/2011 as file number D150599.
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:
☑	☐	Scott Tiffany	3595 Hulsey Ave SE. Salem OR 97302
☐	☑	Krissie Munson (Kristen A Munson)	1605 S Kimball Ave Caldwell ID 83605
☐	☐		

6. ☐ The type of business is amended to read:

☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Mining
☑ Services ☐ Construction ☐ Finance, Insurance, and Real Estate

7. ☑ The name and address to which future correspondence should be addressed is changed to read:
Four Rivers Mental Health, Attn: Scott Tiffany 2609 S. 10th Ave. #102 Caldwell, ID 83605

8. Name and address for this acknowledgment copy is:
Scott Tiffany
3595 Hulsey Ave SE
Salem, OR 97302

Signature: Scott T.
Printed Name: Scott Tiffany
Capacity: Owner as of 9/15/2014
Signature: Krissie Munson
Printed Name: KRISSIE "KRISTEN" MUNSON
Capacity: ~~employee~~ Former Owner (ST)

abn_amend.pmd Rev 07/2010

Secretary of State use only

IDAHO SECRETARY OF STATE
10/08/2014 05:00
CK:1990 CT:301348 BH:1444408
1@ 10.00 = 10.00 ASSUM AMEN #2

D150599