

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME 8: 48

(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: DENTAL HEALTH CENTER
2. The assumed business name was filed with the Secretary of State's Office on 5/29/2001 as file number D45632
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>GLADYS EARLENE SMITH</u>	<u>56 PROFESSIONAL PLAZA, REXBURG, ID</u>
<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:

ZIONS FIRST NATIONAL BANKP.O. BOX 54RIGBY, ID 83442

Signature

Printed Name: DOUGLAS J SMITHCapacity: OWNER

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/12/2007 05:00  
CK: 794887634 CT: 112936 BH: 1880380  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 45632