



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2015 JUN 17 PM 2:40

SECRETARY OF STATE  
STATE OF IDAHO

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

1. The assumed business name is: Professional Benefits Northwest
2. The assumed business name was filed with the Secretary of State's Office on 4/29/1999 as file number D25503
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 checked="" type="checkbox"/>	Cynthia L. Arp	P.O. Box 2556, Eagle, ID 83616
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eric Elg Corporation	P.O. Box 2556, Eagle, ID 83616
<input type="checkbox"/>	<input type="checkbox"/>	C204368	

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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Finance, Insurance, and Real Estate
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:

Eric ElgP.O. Box 2556Eagle, ID 83616Signature: [Signature]Printed Name: Eric ElgCapacity: OwnerSignature: [Signature]Printed Name: CYNTHIA L. ARPCapacity: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE

06/17/2015 05:00

CK:52 CT:225183 BH:1480311

1@ 10.00 = 10.00 ASSUM AMEN #8

D25503