



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**  
**2015 MAR -2 AM 9:52**

**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: Transitions In Progress Services
2. The assumed business name was filed with the Secretary of State's Office on 11/03/2008 as file number D126011.
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: Bonner Homeless Transitions
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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input 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:  
Bonner County Homeless Task Force, Inc  
P.O. Box 1696  
Sandpoint, ID 83864

Signature: Mary Jo Ambrosiani  
 Printed Name: Mary Jo Ambrosiani  
 Capacity: President  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Capacity: \_\_\_\_\_

Secretary of State use only

**IDAHO SECRETARY OF STATE**  
**03/02/2015 05:00**  
 CK:13855 CT:219289 BH:1464259  
 1@ 10.00 = 10.00 ASSUM AMEN #2

D126011