



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

(Please type or print legibly. Instructions are included on the back of the application.) **2015 APR 20 AM 9:34**

1. The assumed business name is: Bleeding Heart Tattoo Emporium
2. The assumed business name was filed with the Secretary of State's Office on Feb. 3rd 2012 as file number D153068
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>Jonathan Bates</u>	<u>600 N. Center Valley, Sandpoint</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Brianna Wurtz</u>	<u>302 Poplar St Sandpoint, ID 83864</u>
<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:

Jon Bates
105 Main St.
Sandpoint, ID 83864

Signature: [Signature]
Printed Name: Brianna Wurtz
Capacity: Owner
Signature: _____
Printed Name: _____
Capacity: _____

Secretary of State use only

IDaho SECRETARY OF STATE

04/20/2015 05:00

CR:1738 CT:309240 BH:1471829

IC 10.00 = 10.00 ASSUM AMEN #2

D153068