

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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: Whole Health Services
2. The assumed business name was filed with the Secretary of State's Office on 7/29/97 as file number D 6739.
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: Integrative Nutrition Clinic
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"/> Finance, Insurance, and Real Estate |
| <input checked="" 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:

Patrick M. Carey, D.C., 1714 N. 23<sup>rd</sup> ST, Boise, 83702

8. Name and address for this acknowledgment copy is:

SAME as #7. Above

Signature: Patrick M. Carey, D.C.

Printed Name: PATRICK M. CAREY, D.C.

Capacity: owner/pres

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/09/2004 05:00  
CK: 3994090903DME CT: 172099 BH: 731818  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

g:\top\forms\abn\forms\abnamend.pmd  
Revised 04/2003

FILED EFFECTIVE