



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**
**2016 MAY 26 PM 2:18**
**SECRETARY OF STATE  
STATE OF IDAHO**

1. The assumed business name is: Legacy Home Health Care Rehabilitation Services
2. The assumed business name was filed with the Secretary of State's Office on 10/04/2002 as file number D58831.
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 follows:

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

6. ☐ The type of business is amended to:

- |  |  |  |
|--|--|--|
| <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. ☐ Amend mailing address for future correspondence to:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

Russell Adkins

\_\_\_\_\_  
(Name)

10 Cadillac Drive, Suite 400

\_\_\_\_\_  
(Address)

Brentwood, TN 37027

\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Russell Adkins

Signature: *Russell Adkins*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

**D 58831**