

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2005 FEB 14 AM 9:00

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: IDAHO POLICE CHAPLAINS SUICIDE PREVENTION
2. The assumed business name was filed with the Secretary of State's Office
on 04-02-04 as file number D 74916.
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: HEARTBEAT SUICIDE PREVENTION
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 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:

E 5900 SHORELINE DRIVE POST FALLS 83854

8. Name and address for this acknowledgment copy is:

UNITED LIVING MINISTRIES
E 5900 SHORELINE DR
POST FALLS, ID 83854

Signature:

Elsworth P. Holm

Printed Name:

ELSWORTH P. HOLM

Capacity:

PRESIDENT

(see instruction # 9 on back of form)

02/14/2005 05:00
CK: 5100 CT: 150010 BH: 792941
1 @ 10.00 = 10.00 ASSUM AMEN # 2