

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

05 OCT -6 AM 9:43

To the SECRETARY OF STATE, STATE OF IDAHO

SECRETARY OF STATE

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: Lenz Custom Cleaning

2. The assumed business name was filed with the Secretary of State's Office on 11/15/2004 as file number DB1933.

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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<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:

18319 W. Vestick Rd. Caldwell, Id. 83607

8. Name and address for this acknowledgment copy is:

Signature: Lisa Lenz

Printed Name: LISA LENZ

Capacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

g:\scop\forms\abnamend.pmd
Revised 04/2003

IDAHO SECRETARY OF STATE
10/06/2005 05:00
CK: 1278 CT: 182378 BH: 915493
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 81933