

FILED EFFECTIVE

228

**CANCELLATION OR AMENDMENT OF  
CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. Instructions are included on the back of the application.)

2011 OCT 11 PM 3:53  
SECRETARY OF STATE OF IDAHO

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: Asthma and Allergy of Idaho
2. The assumed business name was filed with the Secretary of State's Office on 01/05/2005 as file number D83111.
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Dr. Richard E. Henry</u>	<u>800 Falls Ave., Suite 2, Twin Falls, ID 83301</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Asthma &amp; Allergy of Idaho, PLLC</u>	<u>800 Falls Ave., Suite 2, Twin Falls, ID 83301</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>(W105055)</u>	_____

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:
 

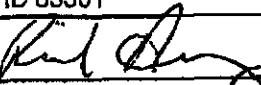
Asthma & Allergy of Idaho, PLLC, 800 Falls Ave., Suite 200, Twin Falls, ID 83301

8. Name and address for this acknowledgment copy is:

Asthma & Allergy of Idaho, PLLC

800 Falls Ave., Suite 2

Twin Falls, ID 83301

Signature: 

Printed Name: Richard E. Henry, M.D.

Capacity: Manager

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

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

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/11/2011 05:00  
CK: 885676 CT: 172099 BH: 1293810  
1 @ 10.00 = 10.00 ASSUM AMEN # 4