

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  
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