

# CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

RECEIVED  
STATE OF IDAHO  
FILED  
MAY 10 1998

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: The Pizza Place
2. The assumed business name was filed with the Secretary of State's Office on 11-17-1998 as file number D20021.
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.  Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
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>Regina G. Samuels</u>	<u>16 Red Horse Ridge Rd.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u></u>	<u>Boise, Idaho 83716</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u></u>	<u></u>

6.  The type of business is amended to read:
 

<input checked="" 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:

8. Name and address for this acknowledgment copy is:

Regina G. Samuels  
16 Red Horse Ridge Rd.  
Boise, Idaho 83716

Secretary of State use only

Signature: Regina G. Samuels  
 Printed Name: Regina G. Samuels  
 Capacity: sole proprietor

(see instruction # 4 on back of form)

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