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

(Please type or print legi	bly)
To the SECRETARY OF STATE, STATE OF IDAH	' • 3 - 5
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: Burke Family Chiragraetic	
2. The assumed business name was filed with the Secretary of State's Office on	
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	
the ispse date).	11 00
5. The assumed business name is amended	to thresporte acid &
The assumed business name to amondo	A. T.
assumed business name for another 5 years (may be filed up to 6 months prior to the tapse date). 5. The assumed business name is amended to: 6. The true names and business addresses of the entity or individuals doing the business under the assumed business name are amended as follow:	
Add: Delete: Name:	<u>Address</u>
7. The type of business is amended to read:	
	☐ Transportation and Public Utilities
	Finance, Insurance, and Real Estate
Wholesale Trade Agriculture	
Services Construction	Mining (
8. The name and address to which future correspondence should be addressed	
is changed to read	
Sofun &	
9. Name and address for this acknowledgment copy is:	
Prince The 1 Ali The All The Land Control	
Burke Fismily Chiropractic Accident and Injury Care	
1789 W. Broadway	Secretary of State use ordy
Charles College Do	
gnature way to water	IDANO SECRETARY OF STATE.
inted Name: Terry L. Burke IC	12/30/1999 09:00
	CK: 1667 CT: 97509 BH: 277531

(see instruction # 4 on back of form)

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