

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

09 SEP 28 AM 8:15

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:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Seltice Thrift Store
2. The assumed business name was filed with the Secretary of State's Office on June 15th as file number D131506.
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>elizabeth rivera</u> | <u>205 e seltice #G Post Falls ID 83854</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Shelley Love</u> | <u>205 E Seltice #G Post Falls ID 83854</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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:

205 E Seltice #8 Post Falls, ID 83854

8. Name and address for this acknowledgment copy is:

Shelley Love 8097 w fifth st RathdrumID 83858

Signature: _____

Shelley Love

Printed Name: _____

S. Love

Capacity: _____

Owner

(see instruction # 9 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
 09/28/2009 05:00
 CK: 2333 CT: 248904 BH: 1108754
 1 @ 10.00 = 10.00 ASSUM ANEN # 2

D131506
 g:\comp\forms\cancellation\amendment.pmd
 Revised 04/2009