

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

SEP 10 AM 11:35
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: Action Mailboxes Installation & Repair
2. The assumed business name was filed with the Secretary of State's Office on 3/17/05 as file number D85685
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Action Mailboxes, LLC (W96312)</u>	<u>9191 W. Hearthside Dr. Bosie, ID 83709</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>ELLA JANE SEAMON</u>	<u>9191 W. HEARTHside DR. BOISE ID 83709</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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 checked="" 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:
9191 W. Hearthside Dr. Bosie, ID 83709

8. Name and address for this acknowledgment copy is:

Ella Seamon
9191 W. Hearthside Dr. Bosie, ID 83709

Signature: Ella Seamon

Printed Name: Ella Seamon

Capacity: Member

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/10/2010 05:00
CK: 510452 CT: 172099 BH: 1238402
1 @ 10.00 = 10.00 ASSUM AMEN # 3

D85685