## **CANCELLATION OR AMENDMENT** OF CERTIFICATE OF **ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

(Please type or print legibly. Instructions are included on the back of the application.) 2015 JUN -8 AM 9: 53

1.	The Well Li	fe Center	SECRETARY OF STATE	
2.	The assumed business name was filed with the Secretary of State's Office on 3/8/10 as file number D137503			
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: Mr. Scott's Tutoring			
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:  Travis Scott	PO Box 1121 F	Address: lailey, ID 83333	
	Carrie Thomas Scott	PO Box 1121 F	lailey, ID 83333	
7.	is changed to read: Mr. Scott's Tutoring, PO Box 1121, Hailey, ID 83333			
8.	Name and address for this acknowledgment copy is:  Mr. Scott's Tutoring			
	PO Box 1121			
	Hailey, ID 83333			
	ure: T Scott	Secr	etary of State use only	
	Name: Travis Scott			
-	ity: Owner	10AHO SECRETARY OF STATE 06/08/2015 05:00		
_	ure:	•	5 CT:245617 BH:1478744 D = 10.00 ASSUM AMEN #:	
	d Name:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
capac	sity:	)		