

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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: SMITH'S JANITORIAL
2. The assumed business name was filed with the Secretary of State's Office on 03/09/2005 as file number D 85325.
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 checked="" type="checkbox"/> | <input type="checkbox"/> | <u>HANNAH NEWBERRY</u> | <u>3930 N 3400E KIMBERLY, ID 83371</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>TERESA NEWBERRY</u> | <u>3367 WEST WAVE DR MERIDIAN, ID 83442</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 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: 450 POLELINE RD #126

SMITH'S JANITORIAL; TWIN FALLS, ID 83301

8. Name and address for this acknowledgment copy is:

SMITH'S JANITORIAL
450 POLELINE RD #126
TWIN FALLS, ID 83301

Signature: Teresa M Newberry
Printed Name: TERESA M NEWBERRY
Capacity: SOLE PROPRIATOR

(see instruction # 9 on back of form)

Secretary of State use only

g:\comp\state\forms\acknowledgment.doc
Revised 04/2003

IDAHO SECRETARY OF STATE
04/23/2007 05:00
CK: 1588 CT: 212455 BH: 1048739
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D85325

FILED EFFECTIVE

2007 APR 23 11:09:21
SECRETARY OF STATE
STATE OF IDAHO