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CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2016 SEP 12 AM 11:32
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: HOMESTEAD HOME HEALTH & HOSPICE

2. The assumed business name was filed with the Secretary of State's Office on JUNE 22, 2015 as file number D179879.

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 follows:

Add: ☐ Delete: ☐ _____ (Name) _____ (Address)

Add: ☐ Delete: ☐ _____ (Name) _____ (Address)

Add: ☐ Delete: ☐ _____ (Name) _____ (Address)

6. ☐ The type of business is amended to:

☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Mining
☐ Services ☐ Construction ☐ Finance, Insurance, and Real Estate

7. ☐ Amend mailing address for future correspondence to:

_____ (Name)
_____ (Address)
_____ (City) _____ (State) _____ (Zipcode)

8. Name and address for this acknowledgment copy is:

JACOB BRYAN (Name)
403 1ST STREET (Address)
IDAHO FALLS (City) IDAHO (State) 83401 (Zipcode)

Printed Name: JACOB BRYAN
Signature: _____
Printed Name: _____
Signature: _____
Printed Name: _____
Signature: _____

Secretary of State use only

Rev. 08/2016

D179879