



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

2014 NOV 14 AM 9:18

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: Trail Break RV Park
2. The assumed business name was filed with the Secretary of State's Office on 11/10/2005 as file number D93520.
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>Nancy K KURTZE</u>	<u>432 N. Bannock Ave Box A 15,83623</u> <u>Glenns Ferry</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Bonnie DeWilde</u>	<u>432 N. Bannock Ave Box A 15,83623</u> <u>Glenns Ferry</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Michael D. Huskisson</u>	<u>432 N. Bannock Ave Box A 15,83623</u> <u>Glenns Ferry</u>

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"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☒ The name and address to which future correspondence should be addressed is changed to read:  
Michael D Huskisson 432 N. Bannock Ave Glenns Ferry 83623  
ID

8. Name and address for this acknowledgment copy is:

Michael D Huskisson  
432 N. Bannock Ave  
Glenns Ferry, ID 83623

Signature: Michael D Huskisson

Printed Name: Michael D Huskisson

Capacity: Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/14/2014 05:00

CK:1010 CT:303192 BH:1449307  
10 10.00 = 10.00 ASSUM AMEN #2

D93520