Capacity: OWNER - OPERO

(see instruction # 9 on back of form)

CANCELLATION OR AMENDMENT OF EXPECTS CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

CE .UN 19 PH 12: 46

| 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: Functional Healing Center |
| 2. The assumed business name was filed with the Secretary of State's Office on <u>バスノル メントー</u> as file number <u>D 5036 3</u> . |
| 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: Vickie I. Craig Address: |
| 1 N N N N N N N N N N N N N N N N N N N |
| Boise, Id 837/3 Vickie I. Craig-Bell 502 (1) Hozel St. |
| V X 30 0 114201 371 |
| 6. The type of business is amended to read: |
| Retail Trade |
| 7. The name and address to which future correspondence should be addressed is changed to read: |
| Vickie I. Craig-Bell; 503 W. Hazel St.; Caldwell, Id83605 |
| 8. Name and address for this acknowledgment copy is: |
| Vickie I. Craig-Bell Phone # 459-9220 |
| 503 W. Hazel St. |
| Caldwell, Id 83605 |
| |
| Signature: Lucke T. Craves Touris Touris |
| Signature: <u>Luckie I. Craig</u> Printed Name: <u>Vickie I. Craig</u> Printed Name: <u>Vickie I. Craig</u> Daho secretary of state 01/19/2006 05:06 CK: 706070 CT: 172099 BH: 9329 1 1 10.00 = 10.00 ASSUM AMEN |