

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2012 OCT 31 AM 8:45

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:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: River City Chiropractic

2. The assumed business name was filed with the Secretary of State's Office on 06/05/2006 as file number D100539.

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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. The type of business is amended to read:

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

7. The name and address to which future correspondence should be addressed is changed to read:

1109 E. Polston Avenue Post Falls, Idaho 83854

8. Name and address for this acknowledgment copy is:

Dr. Scott Crawford, D.C.
1109 E. Polston Avenue
Post Falls, ID 83854

Signature: 

Printed Name: Dr. Scott Crawford, D.C.

Capacity: President

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/31/2012 05:00
CK: 1730 CT: 275702 BH: 1345816
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D100539