



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2014 FEB 27 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name is: State Farm Insurance
2. The assumed business name was filed with the Secretary of State's Office on 08/03/1998 as file number D17188
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 checked="" type="checkbox"/>	<u>Greg Harwood</u>	<u>PO Box 180 Paul, ID 83347</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Harwood Insurance Agency, Inc.</u>	<u>PO Box 180 Paul, ID 83347</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>C 132560</u>	_____

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"/> Mining
<input 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:

8. Name and address for this acknowledgment copy is:

Greg Harwood

PO Box 180

Paul, ID 83347

Signature:

Printed Name: Greg Harwood

Capacity: Owner

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/27/2014 05:00
CK: 98315456 CT: 150010 BH: 1412497
1 0 10.00 = 10.00 ASSUM AMEN # 2

D 17188