



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 @ 10.00 = 10.00 ASSUM AMEN # 2

D17188