CANCELLATION, CONTINUATI CERTIFICATE OF ASSUM	ED BUSINESS NAME
(Please type or print le To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below: 1. The assumed business name is:	role House Service AlGoz
2. The assumed business name was filed with on 9-10-99 as file number D 29	the Secretary of State's Office ATE
3. Cancellation. The persons who filed the the above assumed business name and	e certificate no longer claim an interest in discancel the certificate in its entirety.
the lapse date).	years (may be filed up to 6 months prior to
5. The assumed business name is amend	ed to: Whole House Construction
6. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
7 The type of business is amended to re	ad:
7. The type of business is amended to re Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate
8. The name and address to which future is changed to read:	correspondence should be addressed
9. Name and address for this acknowledgment of	copy is:
Norman L Kile	
1864 E. Hunley AVP	Secretary of State use only
Coeur D' Alone Id. 83815	IDAHO SECRETARY OF STATE
	IDAHO SECRETARY OF STATE 100 1/2000 09:00 CK: 1657 CT: 126699 BH: 322834
Printed Name: Nmay L K. L	1 0 10.08 = 18.08 ASSUM AMEN # 2
Capacity: Owner	1 1 10.08 = 18.08 ASSUM AMEN # 2 D 2 9 0 9
(see instruction # 4 on back of form)	, C C I