p.1

| | | FILED | ECTIVE |
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| | CELLATION OR AMEN | | |
| | ATE OF ASSUMED BL | JSINES 57 WAYE | M 9:00 |
| CERTIN | (Please type or print legibly) | SECRETARY |)F CTAT |
| TANA SECRETARY (| OF STATE, STATE OF IDAHO | SECRETARY (STATE OF) | DAHO |
| Dursuant to Sec | tion 53-507 and 55-500, iddine - | ode, the undersigned give | 5 110000 |
| of the action(s) | indicated below: iness name is: <u>Royal</u> M | asonn | |
| 1. The assumed bus | iness name is. <u>He yet</u> the Sec | retary of State's Office | |
| | | | |
| | The persons who filed the certific sumed business name and cance | cate no longer claim an In | erest in ety. |
| the above as | sumed business name and cance | 2 mial massing | |
| | the sease addresses of th | he entity or individuals dol | ng |
| 5. The true na business ur | mes and business addresses of a | ••••• | |
| Add: Delete: | Name: | Address: | |
| | | · · | |
| | | | |
| | | | |
| 6. The type o | f business is amended to read: |] Transportation and Pub | lic i Itilities |
| Retail T | | Finance, Insurance, and | I Real Estate |
| | | Mining | |
| 7. The name | and address to which future corre | espondence should be ad | Jresseo |
| is change | 3 10 rea d: | | |
| | ess for this acknowledgment copy | is: | |
| B. Name and addr | or Leslie Mickelse | M | |
| Jerenny | need for | · · · · · · · · · · · · · · · · · · · | |
| | allo in ORIAZ | Secretary of State us | ie only |
| loano r | ans northe | e de la companya de l La companya de la comp | |
| Signature: Link | Infranceson 1 | 110 | 3034 |
| Printed Name: 1651 | el mickelsen | 78410 | Secretary of state |
| Capacity: MINEY | n # 9 on back of form) | 08/20 (K1 2287 C | /2007 05:00 T: 150016 BH: 1071625 |
| (Sec association | | 1 8 18.88 = | 18.88 ASSUM AMEN # 2 |