Capacity:

## CANCELLATION OR AMENDMENT FILED EFFECTIVE OF CERTIFICATE OF

ASSUMED BUSINESS NA	AME TOTAL SET IN SECTION AND S
(Please type or print legibly. Instructions are included on t	he back of the application.) SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name is:	
2. The assumed business name was filed with the Secretary of State's Office on 10-09-2013 as file number Dilete 2.35	
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 amend	ed to:
5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:	
Add: Delete: Name: (W129	902) Address:
□ ✓ Flavortown Grall, U	C PO. Box 79 Halad City. ID 8385
□ □ Flavortown Grill Li □ □ (W1471098)	C. RIZI N 2400 W Malad lity, ID 83252
6. The type of business is amended to read:	
Retail Trade	
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: <u>Katharine Unristensen</u>	
2121 N 2400 W	
Malad City, ID 83252	
Signature HAHMLENE RANGESTINELL	Secretary of State use only
Printed Name: Katharine Christensen	
Capacity: <u>Member</u>	IDANO SECRETARY OF STATE 01/29/2015 05:00
Signature: 4	CK:739 CT:305748 BH:1459311
Printed Name:	16 10.00 = 10.00 ASSUM AMEN #3

D166235