

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

DEC 28 PM 1:09  
SECRETARY OF STATE  
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: Legacy Practice Solutions
2. The assumed business name was filed with the Secretary of State's Office on 08/18/2011 as file number D149582
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>Shannan Lawrence</u>	<u>1903 E. Poppy Hills St, Eagle ID 83616</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Legacy Consulting, Inc</u>	<u>13965 W. Chinden Blvd, #109, Boise ID 83713</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>(C186278)</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"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

7. ☒ The name and address to which future correspondence should be addressed is changed to read:

Legacy Consulting, Inc, 13965 W. Chinden Blvd # 109, Boise ID 83713

8. Name and address for this acknowledgment copy is:

Vince Covino

13965 W. Chinden Blvd, #109, Boise ID 83713

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/28/2011 05:00  
CK: 862686 CT: 172099 BH: 1303502  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D149582