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## CANCELLATION OR AMENDMENT OF DEFFECTIVE CERTIFICATE OF ASSLIMED BUSINESS NAME

| (Please type or print legibly, Instructions are in  | ncluded on the back of the application [11] [0:53   |
|---|---|
| To the SECRETARY OF STATE, STATE OF IDA<br>Pursuant to Section 53-507 and 53-508, lo<br>of the action(s) indicated below: | AHO STATE OF IDAHO daho Code, the undersigned gives notice                                |
| 1. The assumed business name is: ODESSEY T  | RUCK LINES  |
| 2. The assumed business name was filed with on 05/11/07 as file number 0111346  | the Secretary of State's Office   |
| 3. Cancellation. The persons who filed the the above assumed business name and  | e certificate no longer claim an interest in<br>I cancel the certificate in its entirety. |
| 4. The assumed business name is amende  | ed to:  |
| 5. The true names and business address business under the assumed business  | es of the entity or individuals doing name are amended as follow:                         |
| Add: Delete: Name:  | Address: 83619  |
| LEORA HOUSE   | 1815 N WHITLEY DR #3 FRUITLAND ID   |
| JUSTIN HILDE  | 1627 N CASSIA ST, NAMPA, ID 83651   |
|   |   |
| 6. The type of business is amended to re  | ad:   |
| Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction   | Finance, Insurance, and Real Estate   |
| 7. The name and address to which future is changed to read:  1627 N CASSIA ST, NAMPA, ID 83651                            | e correspondence should be addressed  |
| 8. Name and address for this acknowledgment of SHARON BJORKLUND   | copy is:  |
| 541 NE 2ND AVE  |   |
| ONTARIO OR 83661  | Secretary of State use only   |
| Signature: 1-2/   | i   |
| Printed Name: JUSTIN HILDE  |   |
| Capacity: OWNER   |   |
| Signature:  | IDAHO SECRETARY OF STATE 02/07/2011 05:00   |
| Printed Name:   | CK: 688968 CT: 172899 BH: 1258928<br>1 8 18.88 = 18.88 ASSUM AMEN # 2                     |
| Capacity:   |   |

abn\_amend.pmd Rev. 07/2010

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