

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

10 FEB 23 AM 8:31

FILED EFFECTIVE

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: LAST CHANCE SALOON
2. The assumed business name was filed with the Secretary of State's Office on OCT 28, 2002 as file number D 59431.
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:

Add: Delete:

Name:

Address:

- | | | | |
|-------------------------------------|-------------------------------------|-----------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | EINO M. HENDRICKSON | P.O. Box 415 Homedale Id |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | BARBARA E HENDRICKSON | PO Box 415 " " 83628 |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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:

BARBARA HENDRICKSON PO Box 415 Homedale
83628

8. Name and address for this acknowledgment copy is:

BARBARA HENDRICKSON
PO Box 415
Homedale ID 83628

Secretary of State use only

Signature: Barbara E Hendrickson

Printed Name: BARBARA E. HENDRICKSON

Capacity: OWNER

(see instruction # 9 on back of form)

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IDAHO SECRETARY OF STATE
02/23/2010 05:00
CK: 6392 CT: 245285 RN: 1209316
1 @ 10.00 = 10.00 ASSUM AMEN # 2

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