



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 JUN 12 AM 9:19

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

1. The assumed business name is: 2 NDS Anyone 7
2. The assumed business name was filed with the Secretary of State's Office on 9/29/2008 as file number 0125184
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 type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |
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:

Colleen Ross
1005 N. Boyer
Sandpoint, ID 83864

Signature: _____

Printed Name: _____

Capacity: Former Ex. Director

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

D125184