

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECTIVE
2005 MAY 31 AM 9:5

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: Fruitland Produce Barn
2. The assumed business name was filed with the Secretary of State's Office on May 3, 2001 as file number D45038.
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"/> | <u>Albert & Joyce Frates</u> | <u>443 S 18th St. Payette, Id. 83661</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Gary & Judy Whaley</u> | <u>443 S 18th St. Payette Id. 83661</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Newell & Mandi Barger</u> | <u>2001 HWY 30 W. Fruitland, Id. 83619</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 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:

Newell Barger P.O. Box 735 Fruitland, Id. 83619

8. Name and address for this acknowledgment copy is:

Mandi Barger
P.O. Box 735
Fruitland, ID. 83619

Signature: Mandi Barger

Printed Name: Mandi Barger

Capacity: Partner/Owner

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDaho SECRETARY OF STATE
05/31/2005 05:00
CK: 2188 CT: 158818 BH: 613255
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 45038