

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

12 AM 8:31

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: Idaho Midwifery Council
2. The assumed business name was filed with the Secretary of State's Office on Feb.23,2009 as file number D-128501.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Kendra Scarlett, LM, President	7084 Ash St. Bonners Ferry, Id. 83805
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michelle Bartlett, LM, CPM, VP	297 N. 3855 E. Rigby, Id. 83442
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carrie Blake, LM, CPM, Treasurer	1076 W. Hayden Ave. Hayden, Id. 83835

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:

Carrie Blake, IMC Treasurer 1076 W. Hayden Ave. Hayden, Id. 83835

8. Name and address for this acknowledgment copy is:

Kendra Scarlett, IMC President
388 Coyote Way
Bonners Ferry, Id.

Signature: Kendra Scarlett, LM

Printed Name: Kendra Scarlett, LM

Capacity: Idaho Midwifery Council, President

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 01/12/2011 05:00
 CK: 1119 CT: 254310 BH: 1255102
 1 @ 10.00 = 10.00 ASSUM AMEN # 2