



# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

2018 MAY 21 PM 1:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: Rex Theater Tea
2. The assumed business name was filed with the Secretary of State's Office on Dec 15, 2015 as file number D183195.
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: Rex Theater Tea Worldwide

5. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add: ☐ Delete: ☒ CA Robinson LLC P.O. Box 1638, Bonners Ferry, Idaho 83805  
(Name) (Address)

Add: ☒ Delete: ☐ Rex Theater Tea LLC P.O. Box 3204, Bonners Ferry, Idaho, 83805  
(Name) (Address)

Add: ☐ Delete: ☐ \_\_\_\_\_  
(Name) (Address)

6. ☐ The type of business is amended to:

- |  |  |  |
|--|--|--|
| <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. ☐ Amend mailing address for future correspondence to:

Rex Theater Tea LLC  
(Name)  
P.O. Box 3204  
(Address)  
Bonners Ferry, Idaho, 83805  
(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Abra Cheuinard

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2018 05:00

CK:25064836683 CT:160747 BH:1644793

1@ 10.00 = 10.00 ASSUM AMEN #2

D183195



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(City) (State) (Zipcode)

8. Name and address for this acknowledgment copy is:

\_\_\_\_\_  
(Name)  
 \_\_\_\_\_  
(Address)  
 \_\_\_\_\_  
(City) (State) (Zipcode)

 Printed Name: Abra Chouinard

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

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