FILE	D
CANCELLATION, CONTINUATION, OR AMENDMENT	OF
CERTIFICATE OF ASSUMED BUSINESS NAME	
(Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO 98 FEB = 2	
Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives	UF STATE
1. The assumed business name is:FUN_TIME_KIDS_DAY_CARE_CENTER	
 The assumed business name was filed with the Secretary of State's Office on9 /15/97as file number 8536 	
3. Cancellation. The persons who filed the certificate no longer claim an interest the above assumed business name and cancel the certificate in its entire	· y
 Continuation. The persons who filed the certificate continue use of the all assumed business name for another 5 years (may be filed up to 6 month the lapse date). 	
5. X The true names and business addresses of the entity or individuals doin business under the assumed business name are amended as follow:	1
Add: Delete: Name: Address: Add: Delete: Name: 517 E. CHUBBUCK RD. CHUB	83202 BUCK - ID
DOLORES LOLA WILLIAMS 517 E. CHOBBOCK RD. CHOB	
	91 - 1 -
6. X The type of business is amended to read:	<u>,</u>
6. X The type of business is amended to read. Retail Trade Manufacturing Transportation and Publi Wholesale Trade Agriculture Finance, Insurance, and X Services Construction Mining	c Útilitie s an A Real Estate
7. The name and address to which future correspondence should be address is changed to read:	•
REMAIN THE SAME 265 E. CHUBBUCK RD. CHUBBUCK, IDAHO 832	02
8. Name and address for this acknowledgment copy is: JUANITA R. HERNANDEZ	
265 E. CHUBBUCK RD. SUITE B.	
CHUBBUCK, IDAHO 83202	only s IATE
CK: 8003 CT: 33608 B	99 x 00 1: 76232
Signature: Juanita . Winandez 1 11.00 = 10.00 = 10.00 = 10.00	ssum anelu
Printed Name: Juanita R. Hernandez	
Capacity: <u>Sole Propriotor</u> (see instruction # 4 on back of form)	

.