

FILED EFFECTIVE



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2000-5-11 9:58

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name is: Every Detail
2. The assumed business name was filed with the Secretary of State's Office on May 2000 as file number D35819
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 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:

Shelien M Gilliland
P.O. Box 5014
Twin Falls Id 83303

Signature: _____

Printed Name: SHELLEN GILLILAND

Capacity: sole proprietor/ind.

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

D35819