Capacity:

## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 OCT 30 AM 9: 04

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

`		•		,	SECPETABLY OF STATE
1. The	assumed bus	siness name is: Afford	able Alteration	ns by Edie	STATE OF IDAHO
		siness name was filed as file number <u>D1</u>		ecretary of State	's Office
3. 🕢		. The persons who fi ssumed business nan		•	
4.	The assume	ed business name is a	mended to:_		
5.		mes and business ad ider the assumed bus		_	~
Ad	ld: Delete:	Name:			Address:
	. 🗆 .		<del></del>		
	] [].			<del></del>	
6.	The type of	business is amended	I to read:		
	Retail Tra	le Trade 🔲 Agricul		Mining	and Public Utilities
		Constr			ance, and Real Estate
7.	The name a is changed	and address to which to read:	future corre	espondence shou	ıld be addressed
	ne and addres Harbison	s for this acknowledg	ment copy is	<b>3</b> :	
1389	E Miles				
Hay	ien, ID 83835		_		
Signature:	Siefl	· ·		Secretary	of State use only
Printed Name: Edie Harbison				·	•
Capacity: ow	ner				
Signature:_			_		
Drintod Man	no:		ĺ		

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