(see instruction # 9 on back of form)

Nov-22-04 4:53PM; Page 1/2

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF

OL		Please type or p	orint legib	N DROMMERS NAMÉ
Pursua	ant to Section	STATE, STATE On 53-50 licated below:	F IDAH 608, Idal	STATE OF IDAMS O no Code, the undersigned gives notice
1. The assu	med busine	ss name is: CASH E	EXPRESS	
2. The assu	med busine		with the	Secretary of State's Office
3. Canothe a	cellation. Ti above assur	ne persons who file ned business name	d the co and ca	ertificate no longer claim an interest in incel the certificate in its entirety.
4. The	assumed bi	ısiness name is am	ie nded t	0:
				of the entity or Individuals doing ne are amended as follow:
Add:]	Delete:	Name:		Address:
				6886 W STATE ST, BOISE ID 83703
图	Floyd. Blamires			6886 W STATE ST. Boise, 83703
☑ ∕	D Edward Rlamires		6886 WState St Boise 83703	
6. The	type of bus	ness is amended to	o read:	
□w	etail Trade /holesale Tr ervices	☐ Manufac ade ☐ Agricultu ☐ Construc	re [☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
· ·	name and a nanged to re		ture cor	respondence should be addressed
8. Name and	address for	this acknowledgme	ent copy	is:
Cash	EX DRes	<u> </u>		İ
6886 L	U STATE	ST		
	IO 8			Secretary of State use only
gnature:	Sound	il.	residencement produced produce	IDAHO SECRETARY OF STATE
rinted Name: F	and Bla	mires	derforestation	CK: 112243662501SLD CT: 172099 BH: 776
Pactor	L God LA	<u> </u>		•