

# CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: Clifton's Ability Work Shop
2. The assumed business name was filed with the Secretary of State's Office on 2-10-00 as file number D 32942.
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. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: \_\_\_\_\_
6. ☐ 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 checked="" type="checkbox"/> | <u>clayton Clifton</u> | <u>201 5th E Wendell, ID 83355</u> |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____                  | _____                              |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____                  | _____                              |

7. ☐ 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"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |
8. ☐ The name and address to which future correspondence should be addressed is changed to read: \_\_\_\_\_

9. Name and address for this acknowledgment copy is:

Clayton Clifton  
PO Box 519  
Wendell, ID 83355

Signature: Clayton Clifton

Printed Name: Clayton Clifton

Capacity: President

(see instruction # 4 on back of form)

Secretary of State use only

FILED... 1-1-01