## CANCELLATION, CONTINUATION, OR AMENDMENT OF

CERTIFICATE OF ASSURIED D	USINESS INAIVIE
(Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO  PM 12: 04	
Pursuant to Section 53-507 and 53-508, Idah@@odeathe.undersigned gives notice of the action(s) indicated below:  STATE OF IDAHO	
1. The assumed business name is: <u>Sierra Se</u>	rvices EN ED
2. The assumed business name was filed with the Secretary of State's Office on $\frac{6/6/97}{}$ as file number $\frac{D}{5292}$ .	
<ol> <li>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.</li> </ol>	
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 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:
	f .
6. The type of business is amended to read:	:
Retail Trade Manufacturing	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
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:	
Jamie Clinkscales	
1924 Sierra St.	
Idaho Falls, Id. 83402	Secretary of State use only
Signature: Jamies Clinkscales	
Printed Name! Jamie Clinkscales	
Printed Name: Jamie Clinkscales  Capacity: Owner (see instruction # 4 on back of form)	•
Take	