## CANCELLATION OR AMENDMENT FILED EFFECTIVE OF CERTIFICATE OF ASSUMED BUSINESS NAME

Printed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_\_

2014 MAY 15 AM 8: 57

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

1. The assumed business name is:	he Feathered Nest	SINCULATION
The assumed business name was on 2/23/2006 as file number	filed with the Secretary of	f State's Office
3. Cancellation. The persons w the above assumed business	name and cancel the cer	tificate in its entirety.
4. The assumed business name	is amended to: Worms N 1	hings
5. The true names and business business under the assumed	s addresses of the entity business name are ame	nded as follow:
Add: Delete: Nam	<u>:</u> :	Address:
☐ Wholesale Trade ☐ As ☐ Co	anufacturing	ortation and Public Utilities e, Insurance, and Real Estate
7. The name and address to w is changed to read:	hich future corresponden	ce should be addressed
Name and address for this acknow Jocy Mccormick	ledgment copy is:	
1250 B Santa Anita		
Pocatello, ld 83201		
ignature:		Secretary of State use only
Capacity: Owner		IDAHO SECRETARY OF STATE
Signature:		05/15/2014 05:00
	reter — A	COST CW. 4 CCSAC DW. 4 45

CK:548267 CT:158010 BH:1424840 1@ 10.00 = 10.00 ASSUM AMEN #2

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