

**FILED EFFECTIVE**

# **CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME**

2014 FEB 18 AM 10: [REDACTED]

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

1. The assumed business name is: North Shore Agency
2. The assumed business name was filed with the Secretary of State's Office on August 28, 2009 as file number D133161.
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. ☐ The assumed business name is amended to: N/A
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:
<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	<u>N/A</u>

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

8. Name and address for this acknowledgment copy is:  
Mayas Erickson c/o Sessions, Fishman, Nathan & Israel, LLC  
3850 N. Causeway Blvd, Suite 200  
Metairie, Louisiana 70002

Signature: [Signature]Printed Name: Mayas EricksonCapacity: Asst. Corp. Secretary-Regulatory Affairs

Signature: \_\_\_\_\_

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

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

Secretary of State use only

D133161