

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

 2013 JAN -7 AM 10:49
 SECRETARY OF STATE
 STATE OF IDAHO

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: A-1 QUALITY PLUMBING
2. The assumed business name was filed with the Secretary of State's Office on 9-13-06 as file number D103657.
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: _____
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"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> 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:

Jim Lawrence
2257 W. Wapoot DR.
Meridian ID 83646

Secretary of State use only

Signature: _____

Printed Name: JIM LAWRENCE

Capacity: _____

Signature: _____

Printed Name: _____

Capacity: _____

D103657