## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME: 51

(Please type or prin	·
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-507 and 53-508 of the action(s) indicated below:	SECRETARY OF STATE OF IDAHO STATE OF IDAHO B, Idaho Code, the undersigned gives notice
1. The assumed business name is: Meridian F	Psychological Center
The assumed business name was filed wi on as file number	
	the certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is ame	nded to: SILVER CREEK PSYCHOLOGY
5. The true names and business addre business under the assumed busine	esses of the entity or individuals doing ess name are amended as follow:
Add: Delete: Name:	Address:
	* \
6. The type of business is amended to	read:
Retail Trade Manufactu Wholesale Trade Agriculture Services Constructi	uring Transportation and Public Utilities  Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	ure correspondence should be addressed
8. Name and address for this acknowledgmen	nt copy is:
2770 FRANKLIN ROAD	
MERIDIAN, IDAHO 83642	Secretary of State use only
ignature: A. R. Rul	IDAHO SECRETARY OF STATE  12/22/2009 05:00  CK: 1287 CT: 238468 BH: 1280183  1 8 16.88 = 18.88 ASSUM AMEN #
rinted Name: BILL R ARNOLD, PH.D.	IDAHO SECRETARY OF STATE
apacity: MANAGING DIRECTOR/OWNER	12/22/2009 05:00 CK: 1287 CT: 238460 PH: 1289183
	E TO BE 18.80 ASSIM AMEN #

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