Capacity: Sole Proprietor

(see instruction # 9 on back of form)

CANCELLATION OR AMENDMENT OF DEFFECTIVE

(Please type or print legibly)

tribute type or print tegloly)
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: LIZ'S LOUING DAY CARE
2. The assumed business name was filed with the Secretary of State's Office on 2-22-97 as file number 0.566
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. X The assumed business name is amended to: LTZ'S LOUING CHILD CENT
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:
6. The type of business is amended to read:
Retail Trade
7. The name and address to which future correspondence should be addressed is changed to read:
Name and address for this acknowledgment copy is:
LIZ'S WUING CHILD CENTER
407 Stampede Drive.
Nampa, IO 83687
Signature Luluth In 1995 Printed Name: Littlisheth Lapez 10000 SECRETARY OF STATE

IDAHO SECRETARY OF STATE 01/26/2005 05:00 CX: NO CX: CT: 158010 DH: 789356 1 9 10.00 = 10.00 ASSUM AMEN # 2