

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.)

2010 DEC 28 AM 8:53
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: Pizza Pie Cafe
2. The assumed business name was filed with the Secretary of State's Office
on 2/4/10 as file number D136619
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: <u>(W42781)</u>	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Craig's Gourmet Pizza LLC</u>	<u>240 N 2nd E, Rexburg, Idaho 83440</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Pizza Pie Cafe Rexburg, LLC</u>	<u>240 N 2nd E, Rexburg, Idaho 83440</u>
<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:
Matt Smith P.O. Box 38, Rexburg, ID 83440

8. Name and address for this acknowledgment copy is:

Matt Smith
P.O. Box 38
Rexburg, ID 83440

Secretary of State use only

Signature: Matt SmithPrinted Name: Matt SmithCapacity: Manager

Signature: _____

Printed Name: _____

Capacity: _____

IDaho SECRETARY OF STATE
12/28/2010 05:00
CK: 572112 CT: 172899 BH: 1252700
10 10.00 = 10.00 ASSUM AMEN # 3

D136619