CANCELLATION, CONTINUA	TION, OR AMENDMENT OF
∥ CERTIFICATE OF ASSUI	MED BUSINESS NAME FILE.
(Please type or prin To the SECRETARY OF STATE, STATE OF	T IACIDIVI
Pursuant to Section 53-507 and 53-508	B, Idaho Code, the undersigned gives notice
or the action(s) indicated below:	12000120 Chost-
1. The assumed business name is:/	
2. The assumed business name was filed wi on <u>らー/ こ</u> as file number <u>D</u>	th the Secretary of State's Office
3. Cancellation. The persons who filed the above assumed business name a	the certificate no longer claim an interest in and cancel the certificate in its entirety.
4. Continuation. The persons who filed assumed business name for another the lapse date).	the certificate continue use of the above 5 years (may be filed up to 6 months prior to
5. 🔀 The assumed business name is amen	nded to: The Tox Box
6. 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:
1 D MARK O. Mil	Men 1108 N. 28th ST Borsé IDA 83702
	83702
7. The type of business is amended to r	read:
Retail Trade Manufactur Wholesale Trade Agriculture Services Constructio	Finance, Insurance, and Real Estate
8. The name and address to which futur	e correspondence should be addressed
is changed to read:	, v .
9. Name and address for this acknowledgment	copy is:
MARK D. M.ller	
1108 N. 287 5	Secretary of State use only
BOISE . FO 83707	IDANO SECRETARY OF STRIFE"
1.1 10 001	05/14/1999 09:00 CX: CASH CT: 115557 BH: 216996
Signature: ////////////////////////////////////	1 0 18.88 = 18.88 ASSIM ANTH # 2
Printed Name: MARK D. No. 11cm	25 965
Capacity: Paesi Den	25965
(see instruction # 4 on back of form)	§