

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

07 DEC -6 AM 8:45

To the SECRETARY OF STATE, STATE OF IDAHO

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: Dermatology ^{And} Laser Center of Canyon County
2. The assumed business name was filed with the Secretary of State's Office on 8/18/2006 as file number D102900.
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:
318 2nd St South - Nampa ID 83651
8. Name and address for this acknowledgment copy is:

Secretary of State use only

Signature: _____

Printed Name: Gavin R. Powell

Capacity: President

(see instruction # 9 on back of form)

g:\cplforms\abnforms\abnamend.pmd
Revised 04/2003

IDAHO SECRETARY OF STATE
12/06/2007 05:00
CK: 3420 CT: 220206 BH: 1008504
1 @ 10.00 = 10.00 ASSUM AMEN # 2