

FILED EFFECTIVE

228

**CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME**

2012 MAR 14 PM 1:20

(Please type or print legibly. Instructions are included on the back of the application.)

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: UNIQUE SENIOR CARE
2. The assumed business name was filed with the Secretary of State's Office on 3/25/1999 as file number D 24425
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 checked="" type="checkbox"/> | <u>NELIA HARTWIG</u> | <u>3634-20TH ST LEWISTON ID 83501</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>AMY KNAPP</u> | <u>3631 20TH ST LEWISTON ID 83501</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:
1639 BIRCH AVE LEWISTON ID 83501

8. Name and address for this acknowledgment copy is:

UNIQUE SENIOR CARE

1639 BIRCH AVE

LEWISTON ID 83501

Secretary of State use only

Signature: Amy Knapp

Printed Name: Amy Knapp

Capacity: Administrator

Signature: _____

Printed Name: _____

Capacity: _____

IDAHO SECRETARY OF STATE
03/14/2012 05:00
CK: 1697 CT: 268147 BH: 1315869
1 @ 10.00 = 10.00 ASSUM AMEN # 3

D 24425