## FILED EFFECTIVE

## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME: 33

(Please type or print legibly)

| To the SECRETARY OF STATE, STATE OF IDA  | HO STATE   |
|--|--|
| Pursuant to Section 53-507 and 53-508, lo of the action(s) indicated below:    | laho Code, the undersigned gives notice  |
| 1. The assumed business name is: A New Awake                                   | ening  |
| 2. The assumed business name was filed with t                                  | <b>;                                    </b>   |
| 3. Cancellation. The persons who filed the the above assumed business name and | certificate no longer claim an interest in cancel the certificate in its entirety.   |
| 4. The assumed business name is amende   | ed to:   |
| 5. The true names and business addresse business under the assumed business    | es of the entity or individuals doing name are amended as follow:  |
| Add: Delete: Name:   | Address:   |
|  |  |
|  |  |
|  |  |
| 6 The type of business is amended to rea                                       | ad:  |
| Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction    | g  |
| 7.  The name and address to which future is changed to read:                   | correspondence should be addressed   |
| Page Liles 5212 W Franklin Rd. #6, Boise                                       | e Idaho 83705  |
| 8. Name and address for this acknowledgment of the Sage Lifes                  | copy is:   |
| \$ 5212 W. Franklin Rd # 6   | Secretary of State use only  |
| Boise Idaho 83765  | DE   |
| Signature: Age   | DAHO SECRETARY OF STATE  IDAHO SECRETARY OF STATE  99/16/2008 05:00  CK: 153563 CT: 172099 BH: 1136198  1 9 10.00 = 10.00 ASSUM AMEN # 3 |
| Printed Name: Page Liles   | G9/16/2008 05:00<br>CK: 153563 CT: 172099 BH: 1136198  |
| Capacity: Owner  | 1 0 10.00 = 10.00 ASSUM AMEN # 3   |
| (see instruction # 9 on back of form)  | Di   |