

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED EFFECTIVE
2013 MAR -8 PM 1:31
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: Expedite Mediclaims Processing Service
2. The assumed business name was filed with the Secretary of State's Office on 4/15/04 as file number D75381.
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: Post N Pay
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:

8. Name and address for this acknowledgment copy is:

Pat Sander
1050 Ironside Dr.
Boise ID 83706

Signature: Pat A Sander

Printed Name: Patricia A. Sander

Capacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

g:\corpforms\abramament.pmd
Revised 04/2003

IDAHO SECRETARY OF STATE
03/08/2013 05:00
CK: 5013 CT: 150010 BH: 1363654
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D75381