CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAMEFECTIVE (Please type or print legibly. Instructions are included on the back of the application 20 AM 9: 56

To the SECRETARY OF STATE, STATE OF ID. Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	AHO SECHT SIVE DIOSIDE E
The assumed business name is:STA	ARR REHABILITATION SERVICES
The assumed business name was filed with on07/29/2005 as file numberD901	
 Cancellation. The persons who filed the above assumed business name and 	e certificate no longer claim an interest in d cancel the certificate in its entirety.
4. The assumed business name is amend	ed to:
 The true names and business address business under the assumed business 	
Add: Delete: Name:	Address:
ROBERT STARR	2205 Nisqually Street, Twin Falls, ID. 83301
	582 Alpine Street, Twin Falls, ID. 83301
6. The type of business is amended to re	ead:
Retail Trade Manufacturii Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	e correspondence should be addressed
Starr Rehabilitation Services, 2205 Nisqually	Street, Twin Falls, ID. 83301
8. Name and address for this acknowledgment Starr Rehabilitation Services	copy is:
2205 Nisqually Street	
Twin Falls, ID	Secretary of State use only
Signature: Reat Hour	Secietary of State use only
Printed Name: Robert Starr	
Capacity: Owner	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE
Canacity:	95/20/2011 95-00

CK: 1078 CT: 259825 BH: 1274642 1 8 10.00 = 10.00 ASSUM AMEN # 2

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