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# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

2010 NOV 8 PM 2:08  
SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name is: John's Landscaping Lawn & Tree Service
2. The assumed business name was filed with the Secretary of State's Office on 10/29/2009 as file number D134581
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: \_\_\_\_\_

8. Name and address for this acknowledgment copy is:

John Moore

27706 South Latour Cr. Rd.

Cataldo, ID 83810

Signature: \_\_\_\_\_

Printed Name: John Moore

Capacity: Manager

Signature: John M Moore

Printed Name: John M MOORE

Capacity: \_\_\_\_\_

Secretary of State use only