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CANCELLATION OR AMENDMENT OF EFFECTIVE 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:

1. The assumed business name is: Linder Pet Medical Care
2. The assumed business name was filed with the Secretary of State's Office on Oct 21, 2011 as file number D150903
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 follows:

Add.	Delete.	Name	Address
☐	☒	Mobile Vet Boise LLC	11325 W. Edna St. Boise ID 83713
☒	☐	Mobile Vet Boise LLC	1785 W. Cherry Lane Meridian ID 83642
☐	☐	_____	_____

6. ☐ The type of business is amended to read:

☐ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☐ Agriculture	☐ Finance, Insurance, and Real Estate
☐ Services	☐ Construction	☐ Mining
7. ☒ The name and address to which future correspondence should be addressed is changed to read:

Linder Pet Medical Care 1785 W Cherry Lane Meridian ID 83642

8. I hereby declare that the information furnished is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Capacity: _____

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/23/2012 05:00
CK: 884373 CT: 172899 BH: 1387365
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D150903