

CANCELLATION, CONTINUATION, OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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: SUNSHINE WASH AND DRY
2. The assumed business name was filed with the Secretary of State's Office
on 2/20/97 as file number 65768 D1325
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. ☐ Continuation. The persons who filed the certificate continue use of the above
assumed business name for another 5 years (may be filed up to 6 months prior to
the lapse date).
5. ☐ The assumed business name is amended to: _____
6. ☒ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>D. JAMES EDWARDS</u>	<u>125 W 9TH STREET, BURLEY, ID</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>KEVIN FARRELL EDWARDS</u>	<u>2441 OAKELY AVE, #2, BURLEY, ID 83818</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>BRIAN SCOTT EDWARDS</u>	<u>206 6TH ST, RUPERT, ID 83350</u>

7. ☐ 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 |
8. ☐ The name and address to which future correspondence should be addressed
is changed to read: _____

9. Name and address for this acknowledgment copy is:

Signature: D. James Edwards

Printed Name: D. JAMES EDWARDS

Capacity: _____

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/19/2000 09:00
CK: 38523 CT: 1935 BH: 310389

1 @ 10.00 = 10.00 ASSUM AMEN # 2

D1325