CANCELLATION OR AMENDMENT OF DEFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application!) 150 21 AM 8: 46

| To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, Id of the action(s) indicated below: | HO SECTION OF STATE and Code, the undersigned gives notice DAHO |
|---|---|
| The assumed business name is: | Crazy Quilter |
| 2. The assumed business name was filed with the Secretary of State's Office on Www 22, 2001 as file numberDI09578 | |
| 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 amende | 0 to: Crazy for Quitting |
| 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: |
| Mindi Johnson | 735 6mst Patrotch 208355 |
| 1 1x Mindi Anderson | r Same. |
| ПП | |
| L. L. | |
| 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. X The name and address to which future correspondence should be addressed | |
| is changed to read: | |
| Crazy for Quilting PD Box 14 301 Idahost Deany Jo 83823 | |
| 8. Name and address for this acknowledgment copy is: | |
| Murch Johnson | l l |
| PD 13X 14 | |
| Deany to 83623 | Secretary of State use only |
| Signature: Mudulinou | |
| Printed Name: Mindt Johnson | |
| Capacity: Owner | |
| Signature: | IDANO SECRETARY OF STATE |
| Printed Name: | 12/21/2011 05:00 CK: 1887 CT: 265175 BH: 1382581 |
| Capacity: | 1 & 10-00 - 10-00 MODUL MINU & E |

abn_amend.pmd Rev.07/2010

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