Capacity:

CANCELLATION OR AMENDMENT OF EDEFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application.)

, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SERON S DI
To the SECRETARY OF STATE, STATE OF ID. Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	daho Code, the undersigned gives out to
1. The assumed business name is:	onna's
2. The assumed business name was filed with on 1/27/16 as file number 1/2	the Secretary of State's Office
the above assumed business name and	
4. The assumed business name is amend	ed to: SEASONS Grocery STORE
5. The true names and business address business under the assumed business	es of the entity or individuals doing
Add: Delete: Name:	Address:
	
6. The type of business is amended to re	ad:
Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	e correspondence should be addressed
8. Name and address for this acknowledgment of the new 10052 Mortanga 19	copy is:
BOISE 2D 83709	Consistence of Chate was such
Signature: Sour DHONSER Capacity: DWOOR	Secretary of State use only IDAHO SECRETARY OF STATE 01/06/2017 05:00 CR:CASH CT:158010 BH:1562484 16 10:00 = 10:00 ASSUM AMEN #
Signature:	TO TO TO TO TO MODOM AMEN #.
Printed Name:	D189491