

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: Handcrafted Soap Company
2. The assumed business name was filed with the Secretary of State's Office on 7-20-99 as file number D 27808
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Cynthia Jensen</u>	<u>2269 Fruitvale Rd Council ID 83612</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Glenda Harrington</u>	<u>c/c Rd Council ID 83612</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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:

Cynthia Jensen P.O. Box 441 Council ID 83612

9. Name and address for this acknowledgment copy is:

Cynthia Jensen
P.O. Box 441
Council ID 83612

Signature: Cynthia A JensenPrinted Name: Cynthia A JensenCapacity: Proprietor

(see instruction # 4 on back of form)

Secretary of State use only

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 STATE OF IDAHO