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

	STATAR MY
To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, to of the action(s) indicated below:	** *** - ***
The assumed business name is:	M LINE JAWERY
2. The assumed business name was filed with on	
3. Cancellation. The persons who filed the the above assumed business name and	certificate no longer claim an interest in cancel the certificate in its entirety.
4. The assumed business name is amende	ed to: MONICA MACHA JANGERY
5. The true names and business addresse business under the assumed business	
Add: Delete: Name:	Address:
6. The type of business is amended to real Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	
7. The name and address to which future is changed to read: 1659 E Boise AU	correspondence should be addressed
8. Name and address for this acknowledgment c	opy is:
1659 E BOISE AVE	
- 501SG, 10 0510C	Secretary of State use only
Signature: ///wia ///nd-	IDAHO SECRETARY OF STATE
Printed Name: Monica Madra Capacity:	04/05/2016 05:00 CK:3747856 CT:172099 BH:152211
Signature:	1@ 10.00 = 10.00 ASSUM AMEN #:
Oignature	

D125930

Printed Name:

Capacity: