



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 JAN 11 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Amber Summers Gift Design
2. The assumed business name was filed with the Secretary of State's Office
or 3-9-12 as file number D153935.
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 amended to: _____
5. ☐ The true names and business addresses of the entity or individuals doing business under the
assumed business name are amended as follows:

Add: ☐ Delete: ☐ _____
(Name) (Address)

Add: ☐ Delete: ☐ _____
(Name) (Address)

Add: ☐ Delete: ☐ _____
(Name) (Address)

6. ☐ The type of business is amended to:

- | | | |
|--|--|--|
| <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"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

7. ☒ Amend mailing address for future
correspondence to:

Amber Summers
(Name)
6183 W. Founders Dr.
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

8. Name and address for this acknowledgment
copy is:

Amber Summers (old address: 1771 W. Ham Rapids
Meridian 83642)
(Name)
6183 W Founders Dr
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

Printed Name: Amber Summers

Signature: Amber Summers

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

D153935