CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS () AM 8: 29

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below:	AHO STATE OF IDAHO Idaho Code, the undersigned gives notice
1. The assumed business name is: Tanglewood	Designs
The assumed business name was filed with on as file number	
the above assumed business name an	· ·
4. The assumed business name is amend	led to: Tanglewood Database Design
5. The true names and business address business under the assumed business	I
Add: Delete: Name:	Address:
Lynn M. Thompson	1174 Tanglewood Road
Lynn M. Turner	1000 Tanglewood Road
O	
6. The type of business is amended to re	ead:
Retail Trade Manufacturii Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
 7. The name and address to which future is changed to read: 	e correspondence should be addressed
Lynn M. Turner,1000 Tanglewood Road,	Post Falls, ID 83854
Name and address for this acknowledgment	copy is:
Lynn M. Turner, Tanglewood Database Design	
1000 Tanglewood Road	•
	Secretary of State use only
Post Falls, ID 83854	pur
Signature:	DAHO SECRETARY OF STATE 10/02/2008 05:00 CK: 4658 CT: 141634 BH: 113849 1 8 10.88 = 10.00 ASSUM AMEN
Printed Name: Lynn M. Turner	IDAHO SECRETARY OF STATE
Capacity: Proprietor	
(see instruction # 9 on back of form)	B

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