

FILED EFFECTIVE

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

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: Down Home Consulting
2. The assumed business name was filed with the Secretary of State's Office on 7-15-2005 as file number D89744
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 follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Duane Hinley</u>	<u>1285 N 6th E, Mountain Home, Idaho 83647</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Jill Hinley</u>	<u>1285 N 6th E, Mountain Home, Idaho 83647</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Down Home Web Design, Inc.</u>	<u>3050 N Lakeharbor Ln Ste 215, Boise, Idaho 83703</u>

6. ☐ 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
7. ☐ The name and address to which future correspondence should be addressed is changed to read:

Down Home Web Design, 3050 N Lakeharbor Ln Ste 215, Boise, Idaho 83703

8. Name and address for this acknowledgment copy is:

Down Home Web Design

3050 N Lakeharbor Ln Ste 215

Boise, Idaho 83711

Signature: \_\_\_\_\_

Printed Name: Duane HinleyCapacity: President

(see instruction # 9 on back of form)

Secretary of State use only

I, \_\_\_\_\_, Secretary of State, do hereby certify that the foregoing is a true and correct copy of the original as filed in my office.

IDAHO SECRETARY OF STATE  
08/11/2005 05:00  
CK: 2222 CT: 158010 BH: 985773  
1 @ 10.00 = 10.00 ASSUM AMEN # 2

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