

FILED EFFECTIVE

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)

11 JAN 13 AM 9:14
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: Payette Family Services
2. The assumed business name was filed with the Secretary of State's Office
on 08/28/2006 as file number D103140
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 type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
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 checked="" 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:
Melissa Paller P.O. Box 981 Emmett, Idaho 83617

8. Name and address for this acknowledgment copy is:

Melissa Paller

P.O. Box 981

Emmett, Idaho 83617

Signature

Melissa M. Paller

Printed Name: Melissa M. Paller

Capacity: Co-Owner

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

D103140