## CANCELLATION OR AMENDMENT OF EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. Instructions are included on the back of the application.)
7012 DEC 21 - \$10 - 0.00
I TO THE SECRETARY OF STATE STATE OF IDAGO
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: Lit Poloetta
2. The assumed business name was filed with the Secretary of State's Office on 68/69/2664 as file number 078961
3. Cancellation. The persons who filed the certificate no longer plains and the
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 deci-
business under the assumed business name are amended as follow:
Add: Delete: Name: Address:
6. The type of business is amended to read:
Detail To the Control of the Control
Whalesale T. J. Whalesale T. White T. W
Services
7. The name and address to which future correspondence should be addressed
is changed to read:
Name and address for this acknowledgment copy is:     Bille Bedord
7649 N Winter View DR
Coeur d'Alene ID 83815
Signature: Bull Bolland
Printed Name: Bille Bedord
Capacity: Owner
Signature:
Printed Name:
Capacity: