Capacity: Owner

(see instruction # 9 on back of form)

	FILED EFFECTIVE
C/	ANCELLATION OR AMENDMENT OF
CERTI	ANCELLATION OR AMENDMENT OF FICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)
Pursuant to	RY OF STATE, STATE OF IDAHO Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the state
1. The assumed	business name is:Wilderness Edge
	business name was filed with the Secretary of State's Office  D113022
	ion. The persons who filed the certificate no longer claim an interest in assumed business name and cancel the certificate in its entirety.
4. 🚺 The assu	med business name is amended to: Mountains Edge
harried .	names and business addresses of the entity or individuals doing under the assumed business name are amended as follow:
Add: Delet	e: Name: Address:
The time	
Retail	rof business is amended to read:  Trade
	ne and address to which future correspondence should be addressed ed to read:
e e e e e e e e e e e e e e e e e e e	
8. Name and add Mountains Edge	ress for this acknowledgment copy is:
	<del></del>
800 South Hwy 7	Secretary of State use only
Albion Idaho 833	11
Signature:	19AHO SECRETARY OF STATE  45/27/2008 05:00  05/27/2008 05:00

D113022