## CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 7007 FEB -4 PM 2: 20

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)
To the SECRETARY OF STATE, STATE OF IDAHO
of the action(s) indicated below:
1. The assumed business name is: True True True True True True True True
2. The assumed business name was filed with the Secretary of State's Office on <u>9/14/01</u> as file number <u>D 年8361</u> .
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. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. The assumed business name is amended to:
6. 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:
7. The type of business is amended to read:
<ul> <li>□ Retail Trade</li> <li>□ Manufacturing</li> <li>□ Transportation and Public Utilities</li> <li>□ Wholesale Trade</li> <li>□ Agriculture</li> <li>□ Finance, Insurance, and Real Estate</li> <li>□ Services</li> <li>□ Construction</li> <li>□ Mining</li> </ul>
8. The name and address to which future correspondence should be addressed is changed to read:
7113 CASCADE DR. Boise Id 83704
9. Name and address for this acknowledgment copy is:
7113 CASCAGE DR.
BOISE Tol Secretary of State use only
<u>83704</u>
Signature: Carl E Morrison  Printed Name: CARL E Morrison  Capacity: Open instruction # 10 on back of form)  Signature: IDAHO SECRETARY OF STATE OP 100 OP 1
Printed Name: CARL E MORRISON 1 9 10.00 = 10.00 ASSUM AMEN # 2
Capacity: OUNER
(see instruction # 10 on back of form)