CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or prin	t legibly)
of the action(s) indicated below:	B, Idaho Code, the undersigned gives notices
1. The assumed business name is: GRAND S	TAND SYSTEM
The assumed business name was filed with on12/12/03 as file number	th the Secretary of State's Office
	the certificate no longer claim an interest in and cancel the certificate in its entirety.
4. The assumed business name is amer	nded to:
5. The true names and business address business under the assumed business	sses of the entity or individuals doing ss name are amended as follow:
Add: Delete: Name:	Address:
\square GSA, LLC $\cancel{W}\cancel{\cancel{3}}\cancel{\cancel{0}}\cancel{\cancel{0}}\cancel{\cancel{0}}\cancel{\cancel{0}}\cancel{\cancel{0}}$	8038 WATERSIDE AVE., NAMPA, ID 83687
DOUGLAS F. MILLER	P.O. BOX 1756, NAMPA, ID 83653
6. The type of business is amended to r Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	ring Transportation and Public Utilities Finance, Insurance, and Real Estate
7. The name and address to which futu is changed to read:	re correspondence should be addressed
GSA, LLC, 8038 WATERSIDE AVENUE	E, NAMPA, ID 83687
8. Name and address for this acknowledgment	t copy is:
	Secretary of State use only
Signature: Douglas F. MILLER	IDAHO SECRETARY OF STATE 93/22/2994 95-99
Finited Name, 55555 ST. Miller	03/22/2004 05:00

IDAHO SECRETARY OF STATE
03/22/2004 05:00
CK: 12236 CT: 141197 BH: 734442
1 0 10.00 = 10.00 ASSUM AMEN # 3

(see instruction # 9 on back of form)

Capacity: MEMBER/MANAGER OF GSA, LLC



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JAN 10 AM 9: 02

SECRETARY OF STATE STATE OF IDAHO

The below named limited liability co	mpany has been dissolved
pursuant to Section 30-6-701 and 3	

1.	The name of	the dissolved	limited liability	company	is:
1.	The name of	the dissolved	limited liability	company	is:

DEPENDABLE MACHINE REPAIR, LLC

2.	The date the certificate of organization was originally filed.	FEBRUARY	19,	2008

3.	Other information concerning the dissolution (optiona			
	DISSOLUTION EFFECTIVE 12/31/12			

4.	Name and a	address	to return ac	knowle	dgement	copy of	f this form	to:
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MICHAEL R. CHAPMAN
PO BOX 1600
COEUR D'ALENE, ID 83816

5. Signature of a manager, member or authorized person.

Typed Name MISHAEL R. CHAPMAN

Secretary of State use only

Signature _____
Typed Name ____

IDAHO SECRETARY OF STATE

01/10/2013 05:00

CK: 3600 CT: 185746 BH: 1355282

1 8 0.00 = 0.00 DISS LLC # 3

statement_dissolution_LLC.pmd Rev.06/2012

W71406