



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 DEC 17 PM 4:59

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: INFINITY TILE
2. The assumed business name was filed with the Secretary of State's Office on 12-20-2004 as file number D82779.
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:

<u>Add:</u>	<u>Delete:</u>	<u>Name:</u>	<u>Address:</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	1607 W ABERDEEN AVE NAMPA ID 83686
<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	320 8TH AVE SOUTH NAMPA ID 83651
<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"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. The name and address to which future correspondence should be addressed is changed to read:
320 8TH AVE SOUTH NAMPA ID 83651
8. Name and address for this acknowledgment copy is:
MICAH SALI
320 8TH AVE SOUTH
NAMPA ID 83651

Signature: _____

Secretary of State use only

Printed Name: MICAH SALI

Capacity: OWNER

Signature: Micah Sali

Printed Name: Micah Sali

Capacity: _____

IDAHO SECRETARY OF STATE
12/18/2013 05:00
CK: 1642596 CT: 172099 BH: 1482160
1 @ 10.00 = 10.00 ASSUM AMEN # 2