

CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME

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

of the application AM 8: 59

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

undersigned gives not

1. The assumed business name is: All About Nursing
2. The assumed business name was filed with the Secretary of State's Office on 8/20/08 as file number D124206.
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: ANGEL CARE & COMPANY
5. ☐ 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:



JOHN GROVER

PO BOX 492 BURLEY ID 83318

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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"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |
7. ☒ The name and address to which future correspondence should be addressed is changed to read:
- ANGEL CARE & COMPANY PO BOX 492 BURLEY ID 83318

- 8. Name and address for this acknowledgment copy is:**

JOHN GROVER

PO BOX 492

BURLEY, JD 83318

Signature:

Printed Name:

Capacity:

Signature:

Printed Name: _____

Capacity:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/16/2012 05:00
CK: 1202 CT: 276343 BH: 1347958
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D124206