

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

2005 AUG 10 AM 8:32  
(Please type or print legibly)

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:

1. The assumed business name is: BEAR LAKE FAMILY CHIROPRACTIC
2. The assumed business name was filed with the Secretary of State's Office  
on 6 OCT 2003 as file number D69539
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:  

| Add:                                | Delete:                             | Name:                    | Address:                                  |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>CORY KINGSTON</u>     | <u>710 N 4TH ST, MONTPELIER, ID 83254</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>MATTHEW B STEVENS</u> | <u>710 N 4TH ST, MONTPELIER, ID 83254</u> |
| <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"/> Finance, Insurance, and Real Estate |
| <input 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:  
MATTHEW B STEVENS, 710 NORTH 4TH STREET, MONTPELIER, ID 83254

8. Name and address for this acknowledgment copy is:

MATTHEW B STEVENS

710 NORTH 4TH STREET

MONTPELIER, ID 83254

Signature: 

Printed Name: MATTHEW B STEVENS

Capacity: OWNER

(see instruction # 9 on back of form)

Secretary of State use only

9:\corp\forms\abramend.pmd  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/10/2005 05:00  
CK: 11232 CT: 67902 BH: 905393  
1 @ 10.00 = 10.00 ASSUM AMEN # 2