

# CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(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: Mulberry Place
2. The assumed business name was filed with the Secretary of State's Office on 2/28/02 as file number DS2457.
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:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Sue Basabe</u>	<u>170 N. 2 E., M.H.</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Theresa Bowman</u>	<u>170 N. 2 E., M.H.</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ The type of business is amended to read:

<input checked="" 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

8. ☒ The name and address to which future correspondence should be addressed is changed to read:

Theresa Bowman, 170 N. 2 E. Mtn. Home, Ida

9. Name and address for this acknowledgment copy is:

83647Theresa Bowman170 N. 2 E.Mtn. Home, Ida 83647Signature: Theresa BowmanPrinted Name: Theresa BowmanCapacity: Owner

(see instruction # 10 on back of form)

Secretary of State use only

g:\corp\forms\labr\forms\amendabn.pms  
Revised 07/2002

IDAHO SECRETARY OF STATE  
 10/10/2002 05:00  
 CK: 3136989486 CT: 158818 BH: 575419  
 1 @ 10.00 = 10.00 ASSUM AMEN # 2