CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

| | 2013 JUL 25 AM 9: 19 |
|--|---|
| To the SECRETARY OF STATE, STATE OF II Pursuant to Section 53-507 and 53-508 of the action(s) indicated below: | DAHO , Idaho Code, the undersigned gives notice |
| 1. The assumed business name is: <u>3 Acord</u> | n Insurance & Financial Services |
| 2. The assumed business name was filed wit on as file number . O \5 | h the Secretary of Stato's Office |
| l • — | he certificate no longer claim an interest in |
| 4. The assumed business name is amen | |
| 5. The true names and business addres business under the assumed busines | sses of the entity or individuals doing ss name are amended as follow: |
| Add: <u>Delete:</u> <u>Name:</u> | Address: |
| □ □ 3ACOIN LLC | 201 E.4th Ave Post Falls, 10 |
| | 9823 |
| | |
| 6. The type of business is amended to re | ood: |
| Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction | ing Transportation and Public Utilities Finance, Insurance, and Real Estate |
| The name and address to which future is changed to read: | e correspondence should be addressed |
| 3 Acorn Insurance & Financial: | Services, 201 E. 4th Ave. Postfalls, 10 |
| 8. Name and address for this acknowledgment | |
| 3Acorn Insurance & Financial S | ervices |
| 201 E. 4th Ave | |
| Post Falls, 10 83854 | |
| Signature: Del | Secretary of State use only |
| Printed Name: Randy Oaks | |
| Capacity: <u>President</u> | |
| Signature: | IDAHO SECRETARY OF STATE 07/25/2013 05:00 |
| Printed Name: | CK: 1074 CT: 271766 BH: 1383561 1 @ 10.08 = 10.00 ASSUM AMEN # 2 |
| Capacity: | D156164 |