FILED

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

CERTIFICATE OF ASSUM	
(Please type or print I To the SECRETARY OF STATE, STATE OF ID	
·	Idaho Code, the undersigned gives notice
of the action(s) indicated below: 1. The assumed business name is:	nes Denta / Laboratory
2. The assumed business name was filed with the Secretary of State's Office	
on <u>9-5-97</u> as file number <u>P7155</u>	
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.	
 Continuation. The persons who filed the assumed business name for another 5 the lapse date). 	he certificate continue use of the boxes years (may be filed up to 6 manths into to
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address: 🚔 🚾
D BARBARA LAMES	
o o	
6. The type of business is amended to read:	
☐ Retail Trade ☐ Manufacturi	ing Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture	Finance, Insurance, and Real Estate
Services Construction	
is changed to read:	e correspondence should be addressed
anu as origina	
8. Name and address for this acknowledgmen	t copy is:
DL Evans Bank	
PO Box 1188	
Burley ID 83318	Secretary of State use only IBANO SECRETARY OF STATE
ignature: Karld, Sam-	03/69/1998 69:66 CX: 32454 CT: 1935 Mi: 88878
rinted Name: Karl A. Enmes	1 0 10.00 = 10.00 ASSUM AMEN
apacity:	
(see instruction # 4 on back of form)	