

CANCELLATION OR AMENDMENT FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

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

AUG -2 AM 9:31
SECRETARY OF STATE
STATE OF IDAHO

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: Boise Cleaning Fairy
2. The assumed business name was filed with the Secretary of State's Office on 2013 Oct 31 as file number D166746.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Koby Conrad</u>	<u>500 S. 8th St Boise ID</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>"</u>	<u>455 N. Ave H #115 Boise</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Emily Eveland</u>	<u>" "</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Conrad Management LLC</u>	<u>" "</u>

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:

500 S. 8th St Boise ID

8. Name and address for this acknowledgment copy is:

Koby Conrad
500 S. 8th St Boise ID

Signature: Koby Conrad

Printed Name: Koby Conrad

Capacity: _____

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/02/2016 05:00

CK:4086126 CT:172099 BH:1540129

1@ 10.00 = 10.00 ASSUM AMEN #2

D166746