

# 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: ADY EXPRESS cleaning CO.
2. The assumed business name was filed with the Secretary of State's Office on 05-15-01 as file number D45336.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Mirejla Ponjevic</u>	<u>11600 W. GABRIELLE DR.</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Mehmed Ponjevic</u>	<u>11600 W. GABRIELLE DR.</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. ☐ 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 checked="" 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: \_\_\_\_\_

9. Name and address for this acknowledgment copy is:

MIREJLA PONJEVIC  
11600 W. GABRIELLE DR.  
BOISE ID. 83713

Signature: Mirejla Ponjevic  
 Printed Name: MIREJLA PONJEVIC  
 Capacity: \_\_\_\_\_

(see instruction # 10 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
 12/27/2001 05:00  
 CK: CASH CT: 146394 BH: 436783  
 1 @ 10.00 = 10.00 ASSUM AMEN # 2

D45336

g:\corpforms\lab\forms\amendabn.pm6 Revised 01/2001

FILED/EFFECTIVE  
DEC 27 11 56 AM '01  
SECRETARY OF STATE