

# CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

08 AUG -4 PM 4: 30

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:

SECRETARY OF STATE  
STATE OF IDAHO1. The assumed business name is: P.S Nails2. The assumed business name was filed with the Secretary of State's Office on Mar 2, 1998 as file number D 12587.3. ☒ 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: | Add:  |
|--------------------------|-------------------------------------|-------|-------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/>            | _____ | _____ |

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: \_\_\_\_\_

8. Name and address for this acknowledgment copy is:

9799 W. CAROLINA DRBOISE ID 83709

Secretary of State use only

Signature: Franklin DinhPrinted Name: FRANKLIN DINHCapacity: Owner

(see instruction # 9 on back of form)

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Revised 04/2003

D 12587