

228

FILED EFFECTIVE

**CANCELLATION OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME**

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

10 AUG 20 AM 4:00
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: CENTER FOR ORAL AND FACIAL SURGERY
2. The assumed business name was filed with the Secretary of State's Office on 1/29/07 as file number D107666
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 type="checkbox"/>	<input 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:

IDAHO ORAL SURGERY PLLC
1820 N. WHITNEY DRIVE
FRUITLAND, IDAHO 83619

Signature: Ryan Hillan

Printed Name: Ryan Hillan

Capacity: OWNER / MANAGER

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only