## CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) (Please type or print legibly) (Please type or print legibly)

	CANCELLATION OR AMENDMENT OF
	CERTIFICATE OF ASSUMED BUSINESS NAME  (Please type or print legibly)  (Please type or print legibly)  (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. Th	e assumed business name is: AMBERS CHILD CARE
2. Th	e assumed business name was filed with the Secretary of State's Office  10/24/2005 as file number
3. 🔽	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:
P	dd: Delete: Name: Address:
1	
6.	The type of business is amended to read:  Retail Trade
7.	The name and address to which future correspondence should be addressed is changed to read:
8. Nan	ne and address for this acknowledgment copy is:
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