



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 MAY 21 AM 8:30
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Sun Valley Home Health-Care Management
2. The assumed business name was filed with the Secretary of State's Office on April, 15, 15 as file number D178314.

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: Wood River Care management

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"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

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:

Jennifer Hubbard
PO Box 2962
Sun Valley ID 83353

Signature: Jennifer Hubbard
Printed Name: Jennifer Hubbard
Capacity: President
Signature: _____
Printed Name: _____
Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/21/2015 05:00
CK:1391 CT:309007 BH:1476574
10 10.00 = 10.00 ASSUM AMEN #2

D178314