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

| To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-507 and 53-508, of the action(s) indicated below: | DAHO Idaho Code, the undersigned gives notice STATE OF IDAHO |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The assumed business name is: Capser Coa | tings "LOT IDAHO" |
| The assumed business name was filed with on as file number | |
| 3. Cancellation. The persons who filed the above assumed business name ar | ne certificate no longer claim an interest in an interest in an interest in its entirety. |
| 4. The assumed business name is amend | ied to: |
| 5. The true names and business addres business under the assumed busines | |
| Add: Delete: Name: | Address: |
| - | |
| | |
| | |
| 6. The type of business is amended to re | ead: |
| Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction | Finance, Insurance, and Real Estate |
| 7. The name and address to which futur is changed to read: | e correspondence should be addressed |
| 8. Name and address for this acknowledgment Bret J. Capser | copy is: |
| 16398 Orchard Ave | · · · · · · · · · · · · · · · · · · · |
| Caldwell, ID 83607 | Secretary of State use only |
| Signature: W | 2007) |
| Printed Name: Bret J. Capser | Revised 04/2003 |
| Capacity: Owner | · · |
| (see instruction # 9 on back of form) | to the second se |