

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2005 MAR 14 AM 10:13

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: Venustus Villa
2. The assumed business name was filed with the Secretary of State's Office on 1-16-03 as file number D61182
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 checked="" type="checkbox"/> | <u>Erica Stallings</u> | <u>725 Jensen Gr Ste 4 Blackfoot ID 83221</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Daynna Buck</u> | <u>725 Jensen Gr Ste 4 Blackfoot ID 83221</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

6. ☐ The type of business is amended to read:

| | | |
|--|--|--|
| <input checked="" 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 checked="" 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:

Daynna Buck 725 Jensen Gr Ste 4 Blackfoot ID 83221

8. Name and address for this acknowledgment copy is:

Daynna Buck
725 Jensen Gr Ste 4
Blackfoot, ID 83221

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

IDHO SECRETARY OF STATE
03/14/2005 05:00
CK: 621 CT: 150010 DN: 798448
1 @ 10.00 = 10.00 ASSUM AMEN # 2