

Sent By: IDAHO SECRETARY OF STATE

; 3342080;

Aug-18-04 4:20PM;

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228

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(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. The assumed business name is: BTK IRON WORKS
2. The assumed business name was filed with the Secretary of State's Office
on 2001 as file number 47567
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: NONE
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>Robert F. Kincaid</u>	<u>PO Box 136 Victor</u>
<input type="checkbox"/>	<input type="checkbox"/>		<u>Idaho 83455</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>BTK IRON WORKS</u>	<u>PO Box 601</u>
			<u>179 West Center</u>
			<u>Victor, IDAHO 83455</u>

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

<input type="checkbox"/> Retail Trade	<input checked="" 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:

NONE

8. Name and address for this acknowledgment copy is:

Robert KincaidPO Box 136Victor, Idaho 83455Signature: Robert F. KincaidPrinted Name: Robert F. KincaidCapacity: Proprietor

(see instruction # 14 on back of form)

Secretary of State use only

 032004 (rev) 04/01
 1. This form is to be used for the cancellation or amendment of a certificate of assumed business name.
 2. The form must be filed with the Secretary of State.