

CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

10 FEB -8 PM 12: 57

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:

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Applegate Assisted Living
2. The assumed business name was filed with the Secretary of State's Office on 16 Jun 2008 as file number D122647.
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:

☐
☐
☐
☐
☐
☐

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☐

Services

☐

Construction

☐

Mining

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:

Applegate Assisted Living Inc.

3465 E. 4058 N.

Kimberly, ID 83341

Signature: _____

Printed Name: Pam Crabtree

Capacity: Owner

(see instruction # 9 on back of form)

Secretary of State use only

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Revised 04/2003

D122647