



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2015 JAN 23 AM 8:31

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: Quixtitch Sewing
2. The assumed business name was filed with the Secretary of State's Office on 11/16/2005 as file number D93668
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:

| <u>Add:</u> | <u>Delete:</u> | <u>Name:</u> | <u>Address:</u> |
|-------------------------------------|--------------------------|--------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Ruth H Owen</u> | <u>470 West 17th Street, Idaho Falls, ID 83402</u> |
| <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 checked="" 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:
Quixtitch Sewing, 470 West 17th Street, Idaho Falls, ID 83402

8. Name and address for this acknowledgment copy is:

Quixtitch Sewing
470 West 17th Street
Idaho Falls, ID 83402

Signature: *Ruth H Owen*

Printed Name: Ruth H. Owen

Capacity: owner

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/23/2015 05:00

CK:4204 CT:305526 BH:1458427
 1@ 10.00 = 10.00 ASSUM AMEN #2

D93668