



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 MAR 28 AM 8:58

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

1. The assumed business name is: DEE NAILS PRIVATE SALON
2. The assumed business name was filed with the Secretary of State's Office on 6-18-99 as file number D26975.
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 type="checkbox"/>	_____	_____
<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 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:

DEE HANES 3113 N. BRYLSON AVE BOISE ID 83713

8. Name and address for this acknowledgment copy is:

DEE HANES
3113 BRYLSON AVE
BOISE ID 83713

 Signature: Dee Hanes

 Printed Name: DEE HANES

 Capacity: OWNER

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

D26975