CERTIFICATE OF ASSUMED BUSINESS NAMESCTIVE TFICATE OF ASSUMILD DOGINES.)
(Please type or print legibly. See instructions on reverse.)

- •	The assumed business name which the unbusiness is: Angle Keys	naersigne	d use(s) in the transaction of A_{HO}^{*}
2.	The true name(s) and business address(es business under the assumed business name Name		entity or individual(s) doing Complete Address
	Arvilla Allen	<u>3578-2</u>	Elncl Ave Post Falls
3.	The general type of business transacted up (mark only those that apply) Retail Trade Manufacturin Wholesale Trade Agriculture	وستنسخ	Transportation and Public Utilitie
4.	Services Construction	Phone nur	Finance, Insurance, and Real E. Mining mber (optional):
4.	Services Construction	Phone nur	

Printed Name: flnael

(see instruction # 8 on back of form)

Capacity:_

IDAHO SECRETARY OF STATE

94/22/2092 95:99

CK: 52050 CT: 158010 BH: 468643
1 @ 20.00 = 20.00 ASSUM NAME # 2