	CERTIFICATE OF ASSUN (Please type or print legibly. S	MED BUS	SINESS NAME on reverse.) FILES
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business National Tary of STATE			
1. The assumed business name which the undersigned use(s) in the transaction is			
	business is: A		
	HSpen Huthe	entics	
	The true name(s) and business address(es business under the assumed business name		or individual(s) doing
	Catherine L. Tino	<u>Con</u> 5. ا	nplete Address Eagleson Boise 8370
	Gregory P. Tino	Sam	ne as above
3.	The general type of business transacted un (mark only those that apply)	der the assu	med business name is:
 	☐ Retail Trade ☐ Manufacturing ☑ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	·	nsportation and Public Utilities ance, Insurance, and Real Estate ing
	The name and address to which future correspondence should be addressed:		
	608 S. Eagleson		Submit Certificate of
	Roise Id 83705		Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgmen copy is (if other than # 4 above): Same as above	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
•		9	SAGO SECRETARY OF "STATE"
•		Revision 1/98	06/09/1999 09:00 CK: CASH CT: 116600 DH: 224077
Signature: 1 28.00 = 28.00 ASSUM NAME # 2			
Printed Name: Catherine L. Tino Capacity: Owner D 26702			
Capacity: <u>Owner</u>			

(see instruction # 8 on back of form)