

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

-08 APR 14 AM 9:11

1 TO 1	submits for filing a certificate of Assumed Bus Please type or print legibly.	siness Nan	SECRETARY OF I	DAHO
I	NOTE: See instructions on reverse before	filing.		
	e assumed business name which the under iness is:	rsigned (use(s) in the transaction of	
2. The bus	e true name(s) and business address(es) of iness under the assumed business name. Name Andra Pay	of the ent	ity or individual(s) doing Complete Address W. Goodenous Kamma, 18	250
3. The	general type of business transacted unde	er the as	sumed business name is:	
	Retail Trade	nd Publi	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	ame and address for this acknowledgment py is (if other than # 4 above):		Phone number (optional): 108-254-344	
			Secretary of State use only	I I
	ame: Sandra J Ray	g: borplomstabn formstabn.p65 Revised 042003	IDAHO SECRETAR 24/14/200 CX: 314988 CT: 1588: 1 0 25.08 = 25.08	3 65:60 18 BH: 1189751

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