

Printed Name: £1,24

(see instruction #8 on back of form)

Capacity/Title:______/

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2004 JUL -6 P 1:57

STATE OF IDAHO

07/06/2004 05:00 CK: 1207 CT: 158018 BH: 754016 1 0 25.00 = 25.00 ASSUM NAME 1 2

D77914

1. The assumed business name which the undersigned	use(s) in the transaction of
business is:	
Omega Cosmelli pabs	
()	atity or individual(s) doing
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name:	Titty of Individual(s) doing
Name Name	Complete Address
81 hall () & SNA	Al 1-16 St
Sizavera Wamvier Soul	10 82714
	e, Sa 05/17
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Pub	olic Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Λ	Basement West PO Box 83720
5069 Hwarth St	Boise ID 83720-0080
Borce Odobie 43 714	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	208-890-1534
	/
	Secretary of State use only
	Ţ ,
Signature Lyhll helankult	
X (signature required) / / 2 8	IDANO SECRETARY OF STATE