

## CERTIFICATE OF ASSUMED BUSINESS NAME

2009 JAN 22 AM 9: 04

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

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

<ol><li>The true name(s) and busine business under the assumed</li></ol>		entity or individual(s) doing
Name	i Dusiness name.	Complete Address
Marva Ho	ert 80	VE 300 N Vert, ID
	Ku,	pert, ID
3. The general type of business	transacted under the	
☐ Wholesale Trade ☐	Construction	
Services   Manufacturing	Agriculture Mining	Submit Certificate of Assumed Business
Finance, Insurance, an	•	Name and \$25.00 fee to:
. The name and address to wh		Secretary of State
correspondence should be ac	ddressed:	700 West Jefferson Basement West
Marva Hart	-	PO Box 83720 Boise ID 83720-0080
RUDORT TO S	<u> </u>	208 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above):		Phone number (optional):
		208-434-2639
COPY IS (if other than #4 above):		
CODY IS (if other than #4 above):	<del></del>	m 4 mm. 4
CODY IS (if other than #4 above):		Secretary of State use only