

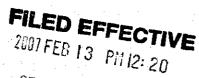
## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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.

(see instruction #/8 on back of form)



SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elbusiness under the assumed business name:  Name  7/5 (	Complete Address ON FOR STEDY XIMPERIA S334
3. The general type of business transacted under the a  Retail Trade	
4. The name and address to which future correspondence should be addressed:  Patsy Atkin  7/3 CharSTE #24  Kimboly Ld. 8334/	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-423-5804
ignature: Falsy Ithus	Secretary of State use only
Printed Name: Portugal Attack  Capacity/Title: Portugal Attack  Ca	IDAHO SECRETARY OF STATE  02/13/2007 05:00  CK: 1716 CT: 158010 BH: 1033101  1 8 25.80 = 25.00 ASSUM MANE # 2

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