

Capacity/Title: 〇いへの

(see instruction # 8 on back of form)

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

10 JUN -8 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

Name Amber D. Shing Borse TD \$315 3. The general type of business transacted under the assumed business name is: Retail Trade	2. The true name(s) and business address(es business under the assumed business name	me:
3. The general type of business transacted under the assumed business name is: Retail Trade	_	
3. The general type of business transacted under the assumed business name is: Retail Trade	Huper D. Drivd	
Retail Trade	-	<u> </u>
Retail Trade		
COpy is (if other than # 4 above):	Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 388 Rodgecress Dr. Soise, FD 83112	Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
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Same		
Secretary of State use only		