

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED

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

01 MAY -2 AM 8:49

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

1. The assumed business name which the business is:  HOUSE CLAFT Report of the series and the series and the series and the series of the ser	e undersigned use(s) in the transaction of a smodeling  s(es) of the entity or individual(s) doing ame:  Complete Address  1503 N 6TH ST  COEUR D ALENE ID 83814
3. The general type of business transacted  Retail Trade Transportation Wholesale Trade Agriculture Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  1503 N+6 CDA TD. 83814  5. Name and address for this acknowledgme copy is (if other than #4 above):	under the assumed business name is: on and Public Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Falsadoc  Printed Name: Fabien Saadoun  Capacity: Owner - Operater  (see instruction #8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE  DELYMPORTUM  OCK: 6922 CT: 145858 RH: 394718  1 2 28.88 = 26.89 ASSUM MANE N 2