

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

200% FEB 17 All 9: 4:1

D96638

<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address business under the assumed business resources in the second seco	s(es) of the entity or individual(s) doing name: Complete Address 359 Casfuld 5+ Tdans Falls, TD 9340
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Same Scando State Tagle Falls The 85401	ation and Public Utilities ion e Submit Certificate of Assumed Business
 Name and address for this acknowledg copy is (if other than # 4 above): 	ment Phone number (optional): (208)346-644
	Secretary of State use only
Signature: <u>Januar Blander</u> Printed Name: <u>Carrello Bronner</u> Capacity/Title: <u>Owner</u>	- 20